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Promises to Keep: Impact of COVID-19 on Adolescents in Kenya

Presidential Policy and Strategy Unit (Kenya)

Population Council

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PROMISES TO KEEP



IMPACT OF COVID-19 ON ADOLESCENTS IN KENYA



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Acronyms

Acronym	Definition
ACRWC	African Charter on the Rights and Welfare of the Child
AGI-K	Adolescent Girls Initiative-Kenya
AIDS	Acquired Immunodeficiency Syndrome
CBC	Competency Based Curriculum
CFSK	Computers for Schools Kenya
COVID-19	Coronavirus Disease 2019
DREAMS	Determined, Resilient, Empowered, AIDS-free, Mentored and Safe Initiative
FCDO	Foreign Commonwealth and Development Office
FGM	Female Genital Mutilation
GBV	Gender-Based Violence
GoK	Government of Kenya
GSMA	Global System for Mobile Communications Association
GPE	Global Partnership for Education
HIV	Human Immunodeficiency Virus
ICF	Founded as: Inner City Fund; Now: ICF International
ICPD	International Conference on Population and Development
ICRW	International Centre for Research on Women
ICT	Information Communication Technology
KCB	Kenya Commercial Bank
KCPE	Kenya Certificate of Primary Education
KCSE	Kenya Certificate of Secondary Education
KDHS	Kenya Demographic and Health Survey
KEMRI	Kenya Medical Research Institute

Acronyms

Acronym	Definition
KNBS	Kenya National Bureau of Statistics
MoE	Ministry of Education
MoH	Ministry of Health
NACC	National Aids Control Council
NASCOP	National AIDS and STI Control Programme
NCPD	National Council for Population Development
NHP	National Hygiene Programme
NISITU	Nisikilize Tujengane
PASU	Presidential Policy and Strategic Unit
PTA	Parent-Teacher Associations
RCT	Randomised Controlled Trial
SDGs	Sustainable Development Goals
STI	Sexually Transmitted Infections
UHC	Universal Health Coverage
UNHCR	United Nations Convention on the Rights of the Child
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
YEDF	Youth Enterprise Development Fund

Foreword



“We cannot always build the future for our youth, but we can build our youth for the future.”

Franklin D. Roosevelt (1882-1945)

When Covid-19 struck a year ago, we did not realise what seismic shifts it would trigger in the entire spectrum of our lives. The pandemic disrupted our health and health systems, economies around the world reeled from the sudden stoppage or slowdown of business activity, and unprecedented protocols were introduced to govern social interactions. In Kenya, all learning institutions were closed from March 2020 until January 2021.

This report seeks to understand the impact of the COVID-19 pandemic on adolescents in Kenya. Adolescents are a unique demographic group. Even in normal times, adolescence is a turbulent period for young people and their families. During this period, young people go through major physical, and psychosocial changes as they transition from childhood to adulthood and develop a sense of self, seek independence, and begin to define what they want to do with their lives. Covid-related disruptions, therefore, would have a disproportionate impact on adolescents.

Such impacts have long lasting effects because what happens to adolescents during this sensitive period – experiences they go through, behaviors they establish, or decisions taken by them or for them-- will positively or negatively shape their horizons and pathways later in life. It could either set the adolescent on a path of success and self-actualization or put brakes on the realisation of their full potential as adults. This has implications not just for the adolescents but also for the nation’s effectiveness in preparing the next generation for the future. It is against this backdrop

that this report was undertaken to understand Covid related impacts that are specific to adolescents and inform and catalyse a discussion on measures that could be taken to minimize long term negative impacts on their lives.

During the prolonged school closure, young people lost precious learning time, they no longer had the safe school environment and managed platform to socialize, learn and explore their identity. As parents and guardians faced unemployment, adolescents, many of whom were already living in resource constrained environments, experienced increased economic stress. Further, many were exposed to emotional, physical, and sexual violence, and others became vulnerable to personal and social risks such as alcohol and drug abuse as well as teenage pregnancy. Sobering statistics presented in this report of school dropout and teenage pregnancies, and lost learning momentum indicate urgent need for bold corrective action to prevent this cohort from becoming a lost generation.

I welcome the inclusion of adolescent voices in this report and I hope that as you read the report, you will click on the embedded videos and hear from them directly. Their input has shaped the recommendations outlined in this report which include (i) ensuring that “nothing is done for adolescents without their involvement, (ii) adopting a multi-sectoral approach to adolescent programming, (iii) addressing the digital divide in education, (iv) addressing ongoing data gaps, (v) enhancing supply chain efficiencies in menstrual hygiene programmes, (vi) making the school meal programme better targeted, (vii) providing safe hubs and strengthening community accountability structures to counter violence, and (viii) linking rites of passage programmes with comprehensive curriculums.

I sincerely thank all our partners that have contributed to the preparation of this report, in particular the Bill and Melinda Gates Foundation for their financial support, AMREF for their core support and seed funding of PASU’s Gender program and the Population Council as the technical partners in the research design, data collection and drafting of the report.

Ruth Kagia,
Deputy Chief of Staff,
Executive Office of the President.



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Executive Summary

In support of the government's prioritization of the youth agenda, the Presidential Policy and Strategic Unit (PASU) has made the adolescent and youth agenda a core part of its work program. To deliver on the President's commitment to the youth, PASU is implementing several streams of work, including Generation Unlimited, the Global Partnership for Education (GPE), Human Capital Development and Gender and Adolescents.

Over the last 25 years since the Beijing Declaration and Platform for Action, whose commitments were reviewed during the ICPD 25+ Nairobi Summit, great progress has been made towards gender equality. In Kenya, there have been significant gains for adolescents including gender parity in school enrolment at the primary school level, 100 percent transition from primary school to secondary school, a return to school policy, making it possible for school-age girls to go back to school after childbirth, and adoption of policy and legal measures against female genital mutilation, gender-based violence and

child, early and forced marriages. With the spread of the COVID-19 pandemic, the gains made in the past decades are at risk of being rolled back. The pandemic is deepening pre-existing inequalities, exposing vulnerabilities in social, education and economic systems which are in turn amplifying the impacts of the pandemic.¹

It is against this backdrop that in June 2020, PASU commissioned a study to document the experiences of adolescents in Kenya during the COVID-19 pandemic. Data was collected on the social, education, health, and economic effects of COVID-19 on adolescents at two time points. The first was undertaken in early June 2020 when schools were closed and there were restrictions on movement. The second time point was in February 2021 after schools had reopened and movement restrictions had been eased. The data collection at the two time points enabled understanding of the short- and medium-term impacts of COVID-19 on adolescents and highlighted the unique experiences and needs of adolescents.

¹ UN Women (2020). [Policy Brief: Impact of COVID-19 on Women](#)




Around the world, reports have highlighted the educational, health and societal challenges that people have experienced during the COVID-19 pandemic. However, few reports have exclusively covered the effects on adolescent girls and boys, especially in Kenya. Marginalized adolescent girls and boys are at a high risk of early and unprotected sex, unintended pregnancy, early marriage, sexual assault, and HIV and other sexually transmitted infections. They have limited income-earning opportunities, high rates of illiteracy, and often experience violence and social isolation. In addition to these challenges, many are often living in acute poverty at the household and community level.

Given the limited data on the impact of the pandemic on adolescents, this study set out to collect data and conclusively outline the challenges facing Kenyan adolescents in the wake of the COVID-19 pandemic. In Kenya, adolescents, who are aged 10 to 19 years, comprise about 24 per cent of the country's population. This study captured data on school enrolment, experiences of sexual and gender-

based violence, time spent on household chores, income earning activities (voluntary and forced), early marriages, and access to health services. This report also addresses adolescent pregnancy, providing data on known risk factors for pregnancy in the short-term including transactional sex and unprotected sexual activity, limited access to sexual and reproductive health services; and measures increases in unintended pregnancy in the short and medium term.

Adolescent voices and perspectives have been included in the development of this report, its design, and recommendations, contributing to its uniqueness and credibility. Throughout the report, first-hand experiences and perspectives from adolescent boys and girls have been captured. Moreover, members of various adolescent advisory groups have contributed their perspectives to the report and provided guidance on focus areas for each chapter. One factor that has remained constant in all the reflections is that for adolescents being in school provides safety, happiness and hope.

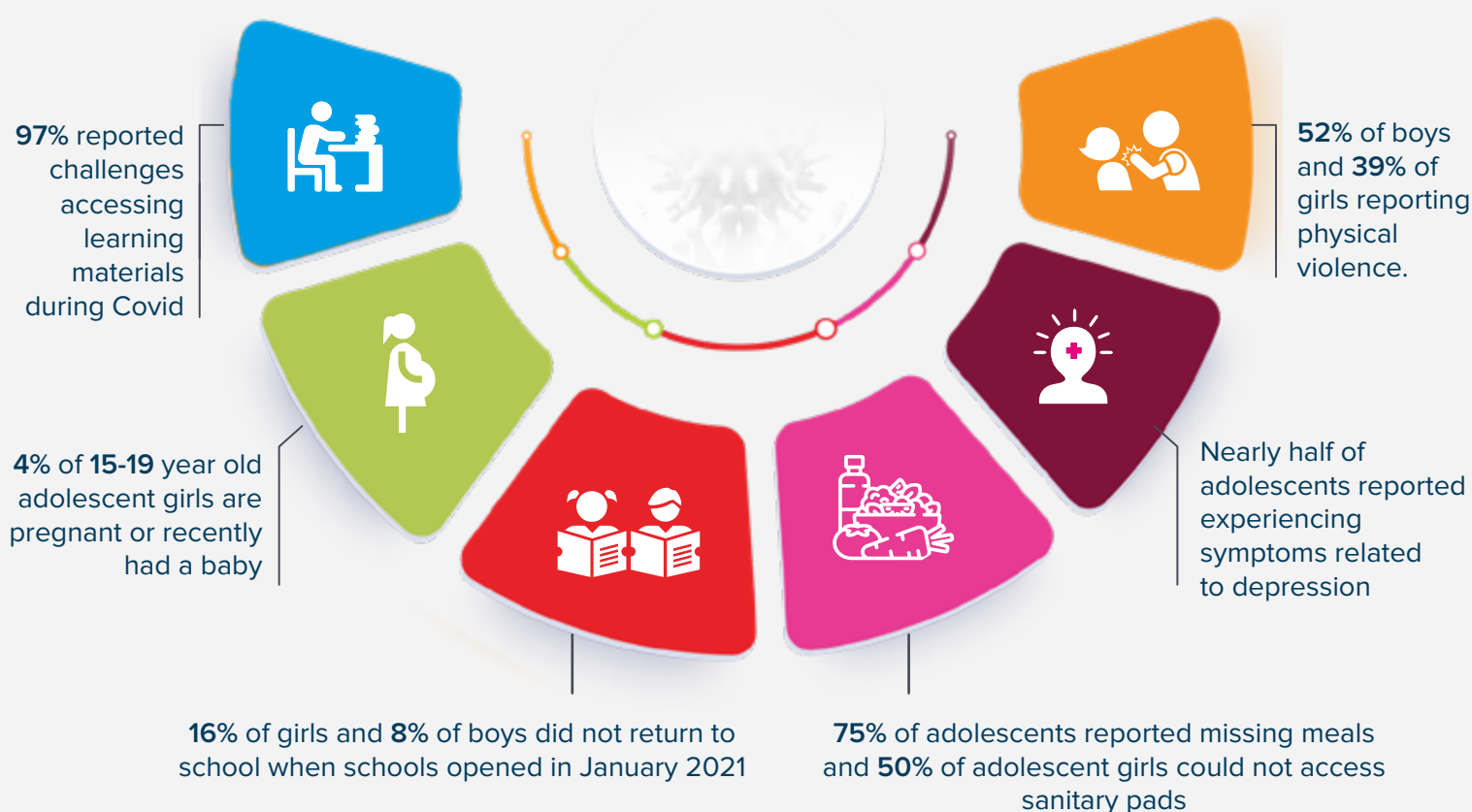
Figure 1: Investment opportunities to respond to the identified challenges

	Education: additional financing and addressing the digital divide		Violence against children and adolescents: Community accountability structures
	Nutrition: refinement of the school meal programme		Difficult home and community environments: Safe hubs and skills building opportunities
	Menstrual hygiene programme: Review and enhance efficiencies in the supply chain		Mental health: joint interventions by the health and education sectors
	Teenage pregnancy: a bold, integrated approach that addresses root causes		Substance abuse: community movements to address the latent threat
	Teenage pregnancy: return to school policy for pregnant teens		Adolescent boys: linking rite of passage programmes with comprehensive curriculums

Summary of findings



The report covered the following topics: remote learning, economic effects, teenage pregnancy, early marriage and harmful practices, mental health, gender-based violence and the return to school.



During the school closures imposed by the COVID-19 pandemic between March 2020 and September 2020 for Grades Four, Eight and Form 4, and up to December 2020 for all other classes, adolescents reported accessing some form of remote learning albeit with various challenges. 80% of the interviewed adolescents engaged in some sort of remote learning, mostly by reading schoolbooks available at home. However, only 1 in 5 adolescents accessed learning materials via mobile phones, television and/or radio. 97% of adolescents reported that despite attempting remote learning, they were faced with multiple challenges limiting the quality of their learning, including reduced time for learning due to household chores, child labour, and distractions in the home environment. Overall, girls had less time for learning compared to boys, and were also less likely than boys to access resources for remote and online learning.

Almost 1 in 3 household-run businesses were not operating with revenues decreasing across all sectors ([Kenya Economic Update World Bank, November 2020](#)). The widespread economic losses due to the COVID-19 pandemic severely affected adolescents who reported skipping meals and healthcare services and lacking essential menstrual hygiene products. In the first six months of the pandemic, almost 75% of adolescents reported missing meals because their families could not afford food. On health services and menstrual hygiene, 50% of interviewed adolescent girls could not access sanitary pads since the onset of the pandemic. Additionally, a significant proportion of adolescent girls and boys reported skipping health care services despite being sick due to costs.

At the beginning of 2021, 16% of girls and 8% of boys of in the target counties (Nairobi, Kisumu, Kilifi and Wajir) did not return to school. Based on the

Summary of findings



projections from the 2019 census, the study estimated that approximately 250,000 girls and 125,000 boys who were in school in March 2020 had not returned by February 2021 primarily due to lack of school fees - highlighting the impact of the economic downturn on their education. The second leading causes of the lack of return to school were unintended pregnancies (for girls) and opting for work opportunities (for boys).

With the backdrop of school closures, economic challenges occasioned by the pandemic, too much idle time on their hands, numerous adolescent girls faced teenage pregnancies and early marriages. 1% of 15–19-year-old adolescent girls in Kenya are currently pregnant and 3% recently had a baby. The Ministry of Health information system records indicate that over 328,000 girls got pregnant in the first year of the pandemic – a significant number. As schools reopened a proportion of girls did not re-enrol and sit for national examinations due to school fees and unintended pregnancies.

Furthermore, 2% - 4% of 15–19-year-olds were married, translating to over 100,000 early marriages. Of these girls, 32% got married after COVID-19 started, 44% got married because of pregnancy, 16% claimed they would not be married if there was no pandemic and 24% stated that it was not their choice to be married. Teenage pregnancy and early marriage have been, and continue to be, significant problems for Kenya's

adolescent girls which limit their ability to complete school, maximize their full potential and ensure the health of future generations. COVID-19 has shone a spotlight on these issues and increased political will to tackle these concerns across a diverse set of stakeholders.

On mental health, a significant proportion of adolescents reported experiencing depressive symptoms including stress during the pandemic. Close to half of all adolescents in urban areas (Kisumu 47%, Nairobi 46%) and one third in rural areas (Kilifi 34%) experiencing symptoms associated with depression during the 9-month school closure. Adolescent girls and boys reported increasing tension in the household and cases of emotional, physical, and sexual violence over the past year. Sexual violence was almost exclusively experienced by adolescent girls, with 2% of girls reporting sexual violence cases within a month prior to the interviews. Conversely, physical violence was more prevalent among boys, with 52% of boys and 39% of girls reporting physical violence. Across all the reports of violence, half to three-quarters of the respondents stated that violence had increased compared to the pre-COVID era. These increases in tension and violence were attributed to loss of employment and income, stresses arising from restricted movement forcing families to spend time cooped in smaller spaces, and in some cases, unintended pregnancies.

“Kenya needs to build back better, forge strong partnerships on the journey to post COVID-19 recovery and keep its promises to adolescents and young people who are truly the future of the country.”

H.E. Excellency President Uhuru Kenyatta



The findings from this study and the perspectives from adolescent girls and boys have informed a set of actionable recommendations proposed in the report.

- 1. Entrench tangible and valid representation of adolescents** and strengthen their role in leadership and meaningful participation in all decision-making processes to ensure their perspectives are heard and needs are met.
- 2. Develop strong multisectoral, whole-of-government policy approaches** that truly address adolescent health, education and well-being.
- 3. Prioritise learning continuity in the period of school closures** and ensure that adolescent needs and life realities are considered. This includes accessible and inclusive distance learning that will reach the most marginalised and limit inequalities in the education system.
- 4. Diminish the gender digital divide** and address gender disparities in access to digital learning. This includes working to provide free or low-cost mobile internet access. Where digital solutions to distance learning and internet are accessible, ensure that adolescents are trained with the necessary digital skills, including ways to stay safe online.
- 5. Remove financial barriers and address basic needs** in education, including ensuring better targeting of those most in need of school meals and other support.
- 6. Strengthen the supply chain for menstrual hygiene** products and establish accountability measures.
- 7. Invest in the mental health of adolescents** and implement the Kenya Mental Health Action Plan 2021-2025 recommendations to address stress and depression; prevent emotional, physical, and sexual violence; prevent substance abuse, and strengthen positive parenting. It also provides for the provision of psychiatric counselling services in schools and colleges.
- 8. Strengthen partnerships at all levels to ensure linkages** between the adolescent well-being agenda and broader efforts to address young people's livelihoods education and skills, as well as productivity. This includes community accountability structures, rite of passage programs and the establishment of safe hubs.
- 9. Invest in preventing teenage pregnancies and early marriages**, through family, cultural, school, community, faith-based and other spheres of influence to ensure a return to school for all adolescents; protecting girls and boys from risky behaviour and focusing on the adolescent boys' needs. This includes enhancing sexual and reproductive health information, addressing stigma, gender norms, boys' challenges, and providing life skills.
- 10. Address ongoing data gaps** by making data related to the outbreak available, and the implementation of the response disaggregated by sex, age, geography and disability, and include other gender equality indicators.
- 11. Ensure that responses to the outbreak are context specific.** Considering the diverse settings in which adolescents in Kenya live, any mitigation steps to enhance their success will have to be tailored to these unique settings.

Recommendations



Across all recommendations, it is evident that solutions have to address both the younger and older adolescents as the challenges described in this study were faced by all adolescent age groups. Focused research is needed on which service packages work best for which populations of adolescents, and on how diverse financing mechanisms can better facilitate multi-sectoral approaches to advance adolescent health and well-being. Partnership with parents is critical.

The post pandemic resilience and recovery planning offers the opportunity to reset and implement multi-sectoral solutions for this important demographic that is central to Kenya's future. At the 34th African Union Summit held in February 2021, His Excellency the President of Kenya, Uhuru Kenyatta, noted that young people have borne the brunt of the pandemic and urged heads of state to allocate adequate resources to preserve and protect the well-being of all girls and boys. To this end, the Kenyan national and county governments have taken steps to address some of these challenges, but there is need to build on these efforts and respond to the holistic needs of adolescents as identified in this report.

The recommendations from this report will contribute to the development of a National Road Map that could then become an integral part of the short- to medium term plans for Kenya's COVID-19 crisis mitigation, and the long-term plans for post COVID-19 resilience and recovery.



Video 1:
[Documentary on the effects of COVID-19 on adolescents](#)

Video 1: Documentary on the effects of COVID-19 on adolescents



Adolescent Voices



“There are ongoing discussions within my family of being married off in the next month or so.”

~ Ayan 15 years, Wajir



“My mum losing her job meant we could not afford food to eat. One evening my boyfriend called me asking if I had eaten. I went over to his house then things went south & that is how I found myself in this situation.”

~ Joan 19 years, Nairobi



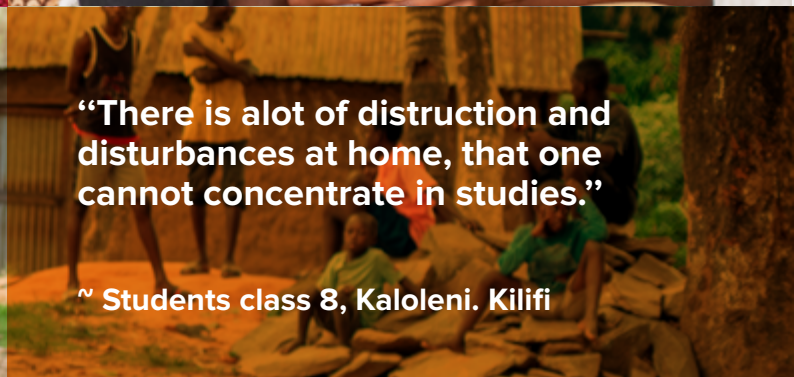
“I have found that staying home and not socializing has turned me into a phone addict.”

~ Susan 18 years, Kisumu



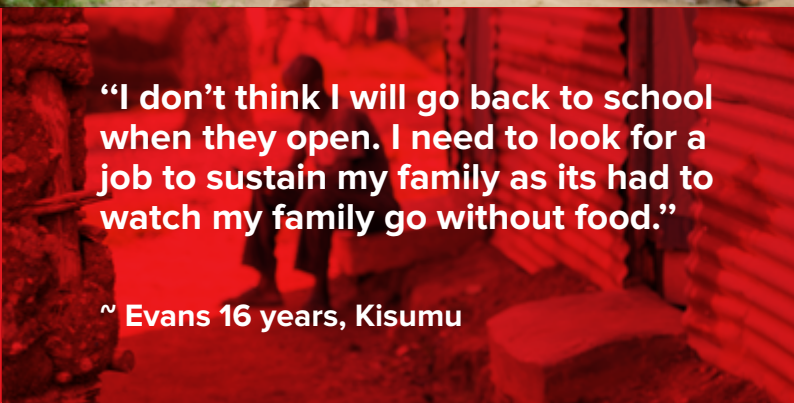
“There is a lot of destruction and disturbances at home, that one cannot concentrate in studies.”

~ Students class 8, Kaloleni, Kilifi



“I don't think I will go back to school when they open. I need to look for a job to sustain my family as it's had to watch my family go without food.”

~ Evans 16 years, Kisumu





Every effort, initiative or programme that targets particular population age groups seeks to accurately define appropriate interventions from what is often described as the “felt need”. This means hearing first-hand, usually through collation of evidence, what the need or the gap is, and then translating that into an action, programme, or response. When it comes to the adolescent age group (10–19 years) and responding to felt need, an interesting dilemma arises. These young people are no longer children, and so they are expected to reflect maturity in their actions, yet on certain important matters pertaining to their lives, adults do not consult them because then they deem them to be minors. This has had the effect of diluting the voices of adolescents, the very voices which should help to shape any adolescent response.

An additional challenge is that there are components of the adolescent experience that make for uncomfortable conversations. Parents, leaders, and communities find it difficult to approach certain subjects with adolescents that touch on behaviours or experiences that are deemed inappropriate for young people to allow them to express themselves freely.

“My cousin got married in August (2020) this year. She said that she was wasting her time not going to school and she is not married so she decided to get married.”

~ 17-year-old adolescent girl currently out of school, Kajiado

Cognisant of this, and with consent from parents, guardians, and caregivers, this study, which sought to establish the impact of COVID-19 on adolescents, has deliberately placed them at the centre of every part of this effort. Many of the adolescents that participated in this study live in the rural areas where majority of Kenya’s population lives, while others live in urban and peri-urban areas, including informal settlements. They come from the counties of Kisumu, Nairobi, Wajir, Kilifi, Kajiado, and Murang’a, representing most of the regions in Kenya. This meaningful engagement process has allowed the voices of adolescents to be heard throughout this report.



Their voices are clear from their conversations with the researchers, whether in the various focus group discussions or in telephone interviews. Their thoughts are expressed in their own words as they were filmed and their stories captured in a documentary, in which they spoke honestly and openly. Finally, their voices have shaped the questions that needed to be asked and some of the solutions that need to be applied. They have reviewed and supported the development of this report, offering their input so that the report captures an honest depiction of their experience and their view on what is needed to mitigate different situations and to ensure they succeed in life.

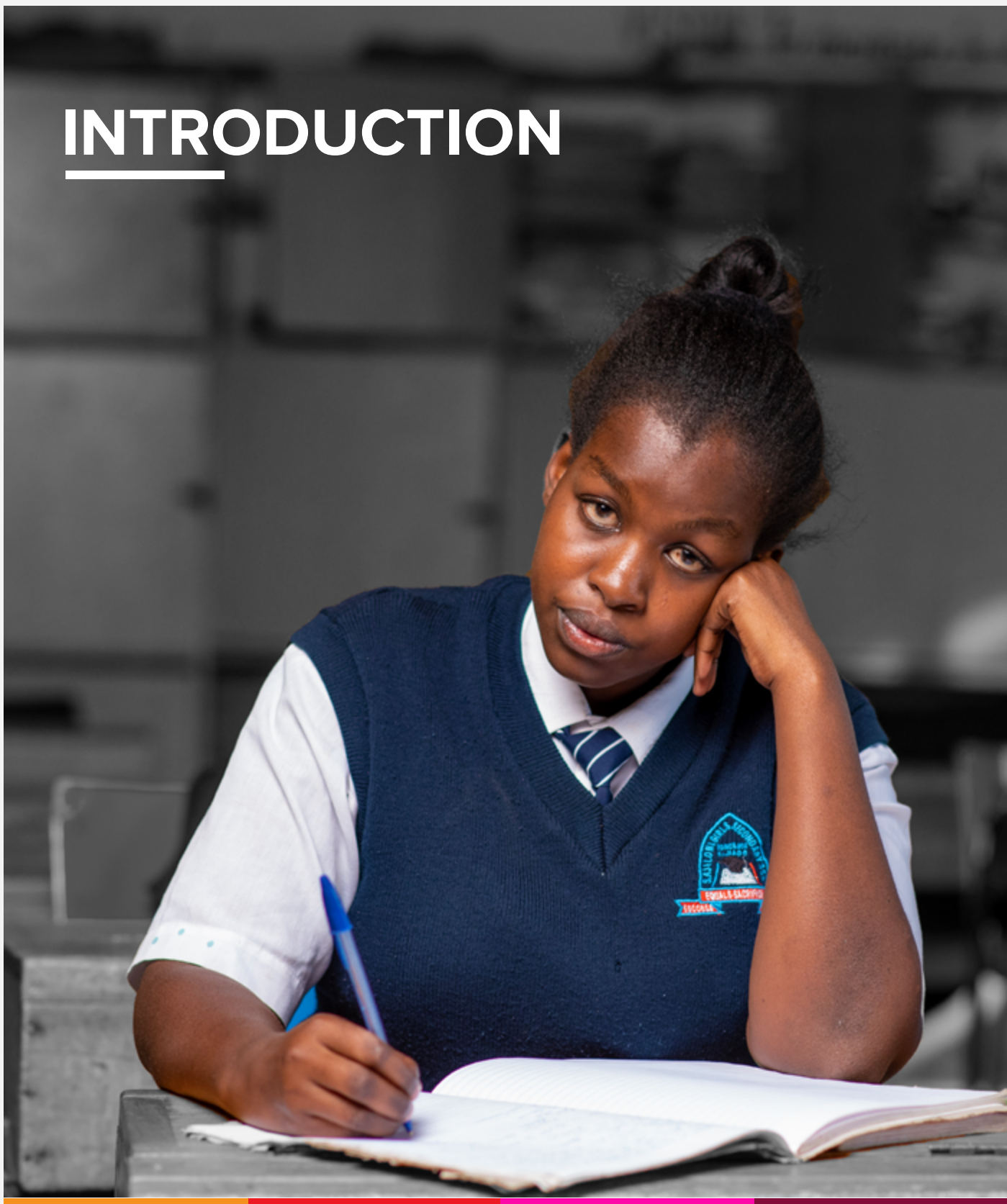
Many of their experiences may not be new, but COVID-19 exacerbated some of the difficult situations and introduced new challenges for which they were ill equipped. Their lives changed so unexpectedly and drastically in some instances, leaving them with uncertainty about their future. They have valid and clear views about what can be done to make their lives better so that they can have an equal chance to thrive in the future. One thing is clear – **adolescents consider school to be a safe haven that provides the environment, interactions and experiences that make them happy and confident.** School means being with their peers, away from painful experiences at home for some, a place to learn and a place that assures them that they are on a journey towards achieving their dreams. Essentially, school gives their lives structure and meaning.

Therefore, it is incumbent on Kenya to understand the journey that these young people have taken through the COVID-19 pandemic, to refine existing solutions for the challenges they face and to consider new solutions; recognising that for each adolescent, an understanding of their socio-economic and cultural context will be required. It is a journey that has been started by the adolescents themselves, but it will need many willing hands along the way, because “it takes a village to raise a child”.

“You work from morning to evening, so when it reaches evening, you are too tired to study.”

~ 19-year-old adolescent girl, Kilifi

INTRODUCTION



1. INTRODUCTION

As the world faces the COVID-19 pandemic, decades of economic and social investments are at risk of being erased, with unprecedented negative effects on communities around the world. Recognising that young people have been at the heart of many of these effects, and the potential they represent for the transformation of society, it is critical for Kenya to assess, mitigate and respond to the situation. Doing this requires empirical evidence so that any step taken is guided by data. More importantly, it is adolescents themselves who are best placed to tell their stories and indicate what support would be most meaningful for them.

At the onset of the pandemic in Kenya, economic hardship set in quickly in many households that were already vulnerable. Soon, there were reports of food insecurity, tension in homes and anecdotal reports of increased teenage pregnancies. The COVID-19 pandemic has also disrupted education in many countries. Similar to other epidemics – such as the Ebola crisis in West Africa which pushed about five million children out of school in 2013 – the COVID-19 pandemic resulted in the closure of schools in over 190 countries. In Kenya, the first nationwide closure of schools occurred between March 2020 and January 2021. This disrupted the education of about 18 million learners, with a total of about 15 million children and adolescents in primary and secondary schools. Evidence suggests that the disruptions to education by the pandemic have had negative consequences on already.

As the pandemic struck, the Government of Kenya (GoK) moved swiftly to cushion citizens against the effects of the pandemic by providing remote learning channels for learners – for example broadcasting lessons on radio and television, expanding the social protection platform to reach the most vulnerable, providing temporary tax relief and providing jobs and income for youth through the Kazi Mtaani programme. This initiative led by the State Department for Youth Affairs, officially named National Hygiene Programme (NHP), was designed to cushion the most vulnerable

youth in informal settlements from the effects of the COVID-19 pandemic. Through it, residents from informal settlements were recruited to undertake projects concentrated in and around the settlements with the aim of improving the environment, service delivery infrastructure and providing income generation opportunities.

Phase I of Kazi Mtaani kicked off in April 2020 as a pilot and focused on selected

informal settlements in the eight counties of Nairobi, Mombasa, Kiambu, Nakuru, Kisumu, Kilifi, Kwale, and Mandera. The programme employed over 26,000 youth in the first phase. The second phase, started in July 2020 and involved institutions such as KCB, Post Bank, Co-operative Bank, Equity Bank, Youth Enterprise Development Fund (YEDF) and UWEZO who advanced loans to several groups.

The target demographic for the programme was 18–30-year-olds, it therefore only reached the oldest adolescents and was not able to address the economic needs of 10–17-year-olds. The number of beneficiaries to date is 273,067. The training sessions have provided a platform for the youth to discuss issues affecting them and provided the government with an opportunity to impart skills and communicate the available opportunities that the youth can exploit for economic empowerment.

Additionally, the Ministry of ICT, Innovation and Youth Affairs launched the Huawei DigiTruck Initiative in 2020 to enable rural youth to obtain digital skills. The DigiTruck initiative is supported by various partners including the National Youth Council, UNESCO, GSMA and Safaricom, among others and contributes to GoK's Ajira initiative to help young people thrive in society and work. Operationally, the DigiTruck is a solar-powered mobile classroom equipped with internet and smart devices. Training on the truck is provided by Computers for Schools Kenya (CFSK) through a 20 to 40-hour course on use of computers (word processing, spreadsheets, and presentation

software), smartphones and the internet to enable young people study and find jobs online. To date, the initiative has trained more than 1,500 youth across 13 locations in eight counties.

While there are other numerous ongoing efforts, both pre-pandemic and in response to COVID-19, many of them either focus on youth who have completed their formal education, or on a single topic (for example gender-based violence or digital skills building), **leaving the multiple, holistic needs of adolescents unaddressed.**

This study set out to document the social, economic, health and education effects of the COVID-19 pandemic on Kenyan adolescents. The quantitative

and qualitative aspects of the study aim to describe how COVID-19 affected adolescents, through data collected directly from adolescents. The Policy and Strategy Unit in the Office of the President (PASU) commissioned this study, in collaboration with Population Council, as part of its broader efforts towards a more concerted and collaborative approach to the well-being of young people and adolescents, and to make evidence-based recommendations on policies and interventions that should be pursued to support adolescents in Kenya. The uniqueness of the study lies in the anchoring of adolescent voices and perspectives, and in input from clusters of adolescent advisory groups whose experiences and observations of life in their communities informed the design and recommendations of the report.



2 Teckish, [Huawei DigiTruck celebrates 1st anniversary with 1,500 youth trained, 2020](#)

1.1 Adolescents: A Key to the Future



Adolescents represent the future potential of all countries to achieve their development, social and cultural goals. This demographic has an inter-generational impact, because whilst they are still children needing to learn from parents and society, they are also on the brink of adulthood and trying to exert their independence as tomorrow's leaders. This precious human capital must therefore be prioritised, and environments created to allow them to flourish at home and in the community, to explore their gifts, to grow in potential and to experience the fullness of life envisioned in the Sustainable Development Goals (SDGs).

As the government moves to address the crises of the COVID-19 pandemic, it is important to ensure that challenging situations that may have arisen or been exacerbated by the pandemic are identified and resolved. If not, they may hinder the success of any long-term plans to build resilience in the population and to spur recovery and growth. Various research initiatives have described the pandemic's effects on families, adults, and youth, but few have targeted younger populations. Without data, the plight of

adolescents remains unclear. While there are various response and recovery plans under development in the Education, Gender and Social Services, ICT, Innovation and Youth, Health, Interior, Treasury and Planning, Culture and Sports, and Labour and Social Services ministries, they tend to be siloed regarding adolescents – while the issues they face are multi-sectoral.

PASU commissioned this study in June 2020 to understand the impact of COVID-19 on adolescents and come up with adequate responses. The study aims to describe how COVID-19 affected adolescents, through data collected directly from adolescents. The results from this study will provide insights into adolescents' experiences, which the world may not have seen from their perspective. From the study, it is hoped that our assumptions will be challenged, and that we will learn what we could have done and what we should do in future to help them achieve their potential. Adolescents represent a critical part of any country's future because of their latent transformative potential to ensure the achievement of our aspirations and goals.

3 WHO, [Adolescent health](#), 2021

1.2 Promises to Keep

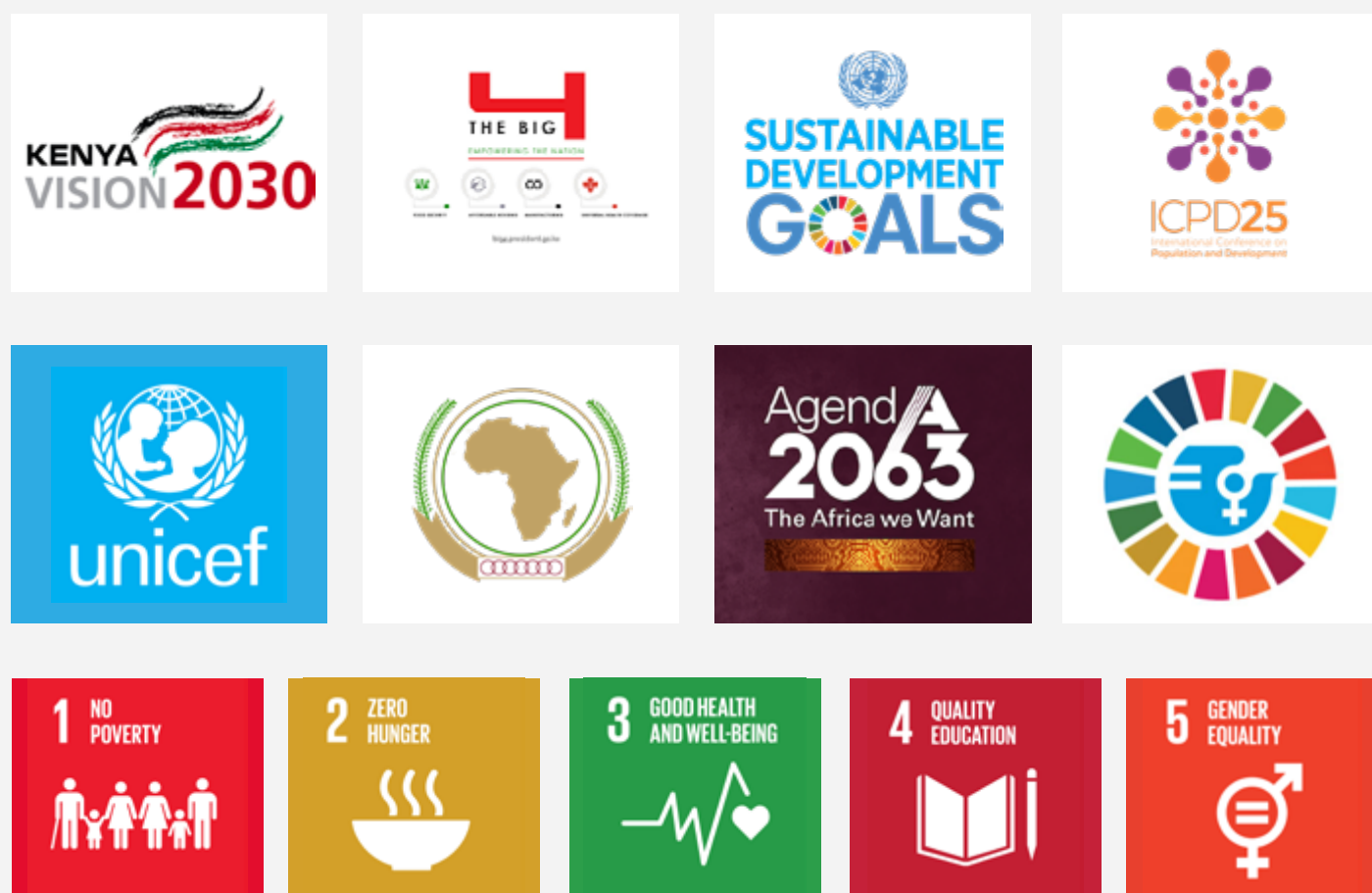
Kenya is a signatory to several national, regional, and global commitments that impact the welfare of children and young people. (Annex 1) These commitments form a critical basis for laws, policies, national strategies, and investment and development decisions. Any decision made now, as part of the pandemic response or post-COVID-19, will need to infuse these commitments and ensure that the children and adolescents are heard, and that their input sets the agenda for the fulfilment of promises.

In September 2016, the Government of Kenya launched its national implementation plan for the Sustainable Development Goals and expressed commitment that ‘no one will be left behind in the economic and social prosperity of the country. In

line with this commitment, the government has implemented policies to level the playing field for women.

As the world moves towards recovery in the face of the vaccine roll-out, a more concerted and collaborative approach to adolescents’ wellbeing is required to build resilience into our systems. The current siloed approach across various ministries is not efficient and often means that adolescent issues slip through the cracks. Given that the issues of adolescents span many sectors, it is necessary to establish a broad multisectoral platform that puts the adolescents at the centre and that gives them space to express their views.

Table 1: National, regional, and global commitments that impact the welfare of adolescents



METHODOLOGY



2. Methodology

2.1 Study Objectives

The objectives of the study were to:

- (a) Understand the social, economic, education and health effects of COVID-19 on Kenyan adolescents.
- (b) Generate data to guide post-COVID-19 adolescent programming and policy in Kenya.

2.2 Study Methods

A quantitative and qualitative approach was used to collect data and information for this study. The study included both girls and boys to allow for an understanding of the gendered impacts of the COVID-19 pandemic on adolescents.

Quantitative data collection

The study involved two rounds of quantitative data collection from four cohorts. The first round of data collection took place between June and August 2020, and the second in February 2021. Between June and August, the first “COVID-19 effects” mobile-phone survey was completed in four locations across Kenya with 3,921 adolescents aged 10-19 years. The four quantitative cohorts were established by sampling from cohorts of adolescents that the Population Council had established (see Annex 1 for background detail on cohorts). This allowed the study team to leverage existing contact information as well as access pre-COVID-19 data on the adolescents.

A total of 1,022 interviews were completed in Nairobi (Kibera, Huruma, Kariobangi, Dandora and Mathare), 602 in Kisumu, 1,063 in Kilifi and 1,234 in Wajir. The average age of those interviewed was 16 years, 72% of whom were female. In the second round of data collection conducted in February 2021, 498 students

from the original cohort were interviewed in Nairobi, 403 in Kisumu, 717 in Kilifi and 1,129 in Wajir (a total of 2,747 interviewees).

Across all sites, participants were sampled to be two-thirds female and one-third male. The reason for interviewing more females than males was to allow for comparison between women and men, as well as girls and boys, while allowing for a large enough sample size of females to investigate outcomes related to fertility, and sexual and gender-based violence.

All quantitative data was collected over the phone with interviewers conducting the interview in local languages and entering responses into a tablet. While not all adolescents had their own phone, a phone contact existed for each household and in

many cases the adolescents were reached via their parent or guardian’s phone. However, Wajir was an exception with multiple cases of households not owning phones leading to village chiefs acting as links and providing phones for interviews. While extensive efforts were made to ensure that phone access was not a barrier to participation in the survey, it is still possible that a small number of the hardest to access adolescents were not reached.



Table 2: Description of adolescents engaged in quantitative data collection

Category	Nairobi	Kisumu	Kilifi	Wajir
Number of adolescents interviewed in round 1	(Urban) n=1022	(Urban) n=602	(Rural) n=1063	(Rural) n=1234
Female (proportion) Male (proportion)	84% 16%	71% 29%	73% 27%	61% 39%
10-14 years old 15-19 years old	29% 71%	24% 76%	13% 87%	18% 82%
In school: March 2020 Out of school: March 2020	87% 13%	85% 15%	91% 9%	78% 22%
School level: Primary Secondary	31% 65%	35% 59%	28% 68%	53% 47%
Have reliable electricity Have a mobile phone in the house	69% 98%	59% 97%	17% 92%	10% 93%
Adult in household had lost complete or partial income at the time of round 1 interviews	91%	85%	71%	20%
Education level of adult in the house: Primary or less Secondary Tertiary	24% 51% 26%	55% 35% 10%	82% 14% 4%	98% 1% 1%
% interviewed in round 2 (R2) *	49%	67%	67%	90%

Another round of quantitative data collection was done by phone in February 2021 to assess school re-enrolment, teenage pregnancy and marriage, and a range of other time use and health outcomes. Since most adolescents in the sample had returned to school, response rates were at 70%, with the least likely to be reached being those who had returned to school. This was especially observed in Nairobi where a higher proportion of adolescents had gone to boarding school. While this response rate was lower than the target, it was understandable due to the difficulty in reaching adolescents on phone given that most do not own phones and their parents were busy, while those in boarding school did not have access to phones. For a proportion of the adolescents that could not be reached, key questions on school enrolment, pregnancy and marriage were answered on their behalf by parents. Due to the challenges in reaching

some participants, those who did participate may not be representative of the original sample based on age, gender, location and whether they were in school at the time of the COVID-19 school closures. Inverse probability weighting was therefore used to get the probability of being in the full sample. This was then used to generate a weight to overrepresent those who were at the highest risk of being unavailable for follow up. In the adult samples, there was no measured difference between the interviewed and non-interviewed in the second round. However, in the adolescent samples, there were differences in three out of the four sites (Nairobi, Kilifi and Kisumu). The weighting process was therefore applied to those three datasets. The figures presented in the report account for the lower than anticipated follow up in February 2021.

Qualitative data collection

Across the four cohorts, qualitative data was collected in November 2020 from 234 adolescent girls, boys, parents, and key stakeholders to understand the perceived impacts of COVID-19 on education, time use, mental health, teenage pregnancy, and early marriage. To obtain a more representative sample of the various regions in Kenya, we also collected qualitative data in Kajiado, Makueni and Murang'a counties. A large enough number of individuals in each respondent segment were interviewed until the

study reached saturation – where no new themes emerged from the interviews – indicating a sufficiently large sample for the qualitative component. A semi-structured interview guide was developed and used for each segment and in-depth interviews were conducted face-to-face. The collected qualitative data segmented by county, age (10–14 v. 15–19) and sex (female v. male) was transcribed and translated into English, coded for key themes, and then analysed.

Table 3: Description adolescents, parents, and key informants engaged in qualitative data collection

Group	Nairobi (Kariobangi)	Nairobi (Kibera)	Nairobi (Kiambu)	Wajir	Kisumu	Kilifi	Makueni	Kajiado	Muranga	Total
Adolescent girls 10-14	4	4	4	5	5	5	3	3	3	36
Adolescent girls 15-19 (all)				8	8	8	5	5	5	39
Adolescent girls 15–19 (not pregnant/ mothers)	6	6	5							17
Adolescent girls 15-22 (pregnant)	4	4	5							13
Adolescent girls 15-22 (mothers)	4	4	5							13
Adolescent boys 15-18	4	4		4	4	4	3	3	3	29
Mothers of girls	3	3	3	3	3	3	3	2	2	24
Fathers of girls	3	2	2	2	2	2	2	2	2	18
Key informants	3	3	9	5	5	5	5	5	5	45
TOTAL	30	30	33	27	27	27	20	20	20	234

2.3 Ethical Considerations

Study protocols were approved by the Population Council Institutional Review Board (p661, p829, p936), the Amref Ethics Scientific and Review Committee (p803-2020), and National Commission for Science, Technology, and Innovation (P-20-5010 and P-20-7758). Additionally, informed consent was collected from all respondents aged 18 and above. For minors, informed consent was obtained first from a parent/guardian, and then assent was obtained from the adolescents themselves. All interviews were conducted in line with COVID-19 prevention guidelines.

2.4 Limitations.

Since the study was conducted at a time when the pandemic response measures such as movement restrictions were in place, telephone interviews were used in place of in-person interviews. Therefore, a majority of adolescents had to use a mobile phone owned by a parent/guardian or friend. The presence of adults during the interview had the potential of making the adolescents somewhat guarded with information on some questions. Additionally, we recognize that respondents may respond with what they think is the “right” answer or what the interviewer wants to hear.

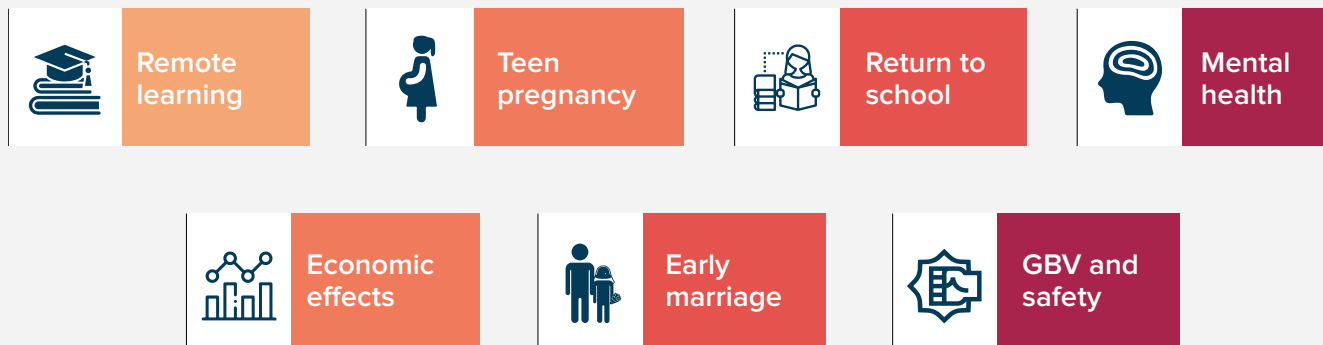


REPORT FINDINGS



3. REPORT FINDINGS

The effects of the COVID-19 pandemic on adolescent girls and boys were analysed under seven categories, illustrated below:



3.1 Remote Learning

In March 2020, a significant proportion of adolescents were enrolled in school and were highly optimistic of reporting back after closures. Before the COVID-19 pandemic, about 85% of adolescents in the study aged 15–19 years were enrolled in school in Kilifi, Nairobi, Wajir and Kisumu counties, with Kilifi having the highest proportion at 91% and Wajir the lowest at 78%. When asked if they think they will report back when schools reopen, 93% across all sites said they would. The major barrier that adolescents feared would prevent them from returning to school (in Wajir, Nairobi, Kisumu and Kilifi) was lack of school fees (70%).

Remote learning options used by adolescents

A few months into the pandemic, a majority of the interviewed adolescents reported having undertaken

some form of remote learning. 85% of adolescents who were enrolled in school at the time of the school closures reported doing some form of remote learning. The exception was in Wajir county, where only a third reporting having engaged in remote learning. However, these figures are likely to mask both the quantity and quality of remote learning. The most common method of remote learning was reading other books (68%), which refers to whatever materials they had at home, not necessarily what they were supposed to be learning had schools been open. 32% of adolescents in Nairobi, 25% in Kisumu, 12% in Kilifi and 2% in Wajir used mobile phones to access online learning materials prepared by their schools, as well as generic materials provided by the Ministry of Education (MoE). Some adolescents, especially in some parts of Nairobi, had the opportunity to access online classes.

“My teacher used to send homework for us to do over the phone. Then he would mark and send us our grades.”

~ 19-year-old adolescent boy, Kisumu

“Sometimes I borrow a phone from someone and study through the internet. The Internet has helped me to learn new things.”

~ 14-year-old adolescent girl, Nairobi

Table 4: Breakdown of remote learning options among adolescents, based on round 2 data collection

Group	Engaged in some form of remote learning while schools were closed	Read schoolbooks or school papers	Read other books	Learned via mobile phone	TV education sessions
Nairobi	89%	42%	63%	32%	18%
Kilifi	81%	46%	70%	12%	11%
Kisumu	74%	38%	69%	25%	31%
Wajir ⁵	31%	10%	17%	2%	2%

Across the research sites, gender differences were observed in the remote learning options that adolescent girls and boys used. Both girls and boys reported using books and mobile phones for remote learning. However, there were gender differences in the proportion reporting the use of these options. This was more evident in Kisumu, where girls were more likely to say, “Read other books” not related to school work, than boys (72% v. 65%) and in Nairobi, where girls were more likely than boys to say they “Learned via mobile phone” (33% v. 25%).

In terms of learning duration, adolescents reported significantly lower times spent learning at home compared to school, with some highlighted gender differences. Learners reported spending on average 2.5–3 hours per day on remote learning (likely over-reporting due to desirability bias). This reported average is significantly lower than the average 7 hours per day learning time in school. In Kisumu, there was a strong gender difference with girls reporting spending 3 hours a day learning while boys reported spending 4 hours.

Key barriers to remote learning

The education system was unprepared for the massive changes in learning modes during the pandemic, but relevant stakeholders adapted and leveraged remote and online learning options. When the pandemic broke out, there were a wide variety of remote learning programmes implemented by MoE, supplemented by individual schools’ initiatives. These remote learning programmes were delivered through the internet, television, radio, and physical materials. Despite remote learning being embraced as a continuation of classroom learning, respondents noted that it fell short of the classroom experience due to inaccessibility of teachers, materials, and time. During the school closures, some adolescents borrowed books from peers to supplement their own. While some respondents indicated that remote learning afforded them more time to read and understand their notes, others highlighted that reading alone presented a challenge especially when there was no teacher to explain difficult concepts. Additionally, some respondents stated that reading alone was “boring” and “difficult” and “hard to concentrate” due

⁵ Across all results, Wajir presents notably different trends from those seen in the other three counties in the study. This can be attributed to the socio-cultural and economic demographics of Wajir County prior to COVID-19, which demonstrated poorer education, health, and economic indicators compared to other rural parts of the country. In addition, as the economy of Wajir is largely dependent on livestock and pastoralism, the shocks due to COVID-19 were experienced differently compared to more agrarian rural areas. At the same time, mental health and violence measures that are valid in other parts of the country are often not strong in Wajir due to socio-cultural differences.

to distractions at home. These various challenges resulted in concerns among adolescents, who feared that they might fall behind academically once schools reopened.

Limited access and agency to use mobile phones and other electronic devices also affected adolescents' remote learning, especially girls. During school closures, some teachers relied on mobile phones for remote learning where they would send assignments to students and received answers as text. However, this medium was very limited – less than a third of

students were able to use mobile phones for learning. The reported mobile phone ownership was almost exclusive to 15–19-year-olds and was higher for boys than girls (33% v.29%). In some cases, mobile phones were used together with other siblings, parents, or guardians. In other cases, parents limited adolescents from accessing mobile phones since they were concerned the phones would be used to communicate with the opposite gender. Only 1% of respondents had access to computers during the pandemic, highlighting the significant digital divide in education in the country.



Video 2:
Digital divide in remote learning

Video 2: The digital divide in remote learning



⁶ Data bundles are essentially packages – either internet access (surf the Internet within a certain limit of bytes and/or time) or airtime & SMS or more commonly, a combination of both.

Even for adolescents that could access mobile phones, limited access to internet connectivity was a significant barrier. 40% of respondents in the study stated that lack of data bundles hindered them from accessing lessons through smartphones and other devices. This problem was higher for girls (41%) compared to boys (36%). In Wajir, the challenge was even greater, affecting 47% of the few adolescents who attempted remote learning, with no observable differences between girls and boys. Lower income households were more affected since they rely more on accessing internet through the more expensive data bundles, while higher income households use WI-FI services which are cheaper than mobile data bundles.

In addition to limited access and connectivity, remote learning through mobile phones and other electronic devices was hindered by lack of and unreliable electricity. The lack of electricity prevented learning for 53% of adolescents. Again, this was reported by more girls (89%) than boys (77%). Among those who attempted remote learning in Wajir, 84% had no access to electricity.

Students that opted for remote learning through broadcasting media also faced challenges, while others completely ran out of digital options. Other students attempted to access lessons through radio and television with challenges including limited access to devices and electricity. Some schools and teachers were completely unable to offer any virtual or digital lessons. This was evident in Wajir county, where the learners were left to study on their own with no interaction with teachers.

The lack of digital options prompted students to rely on books and other physical materials which also presented a different set of challenges. Adolescents reported that they were still not able to access physical materials if it required printing since some parents did not have access to printing facilities or could not afford the cost of printing. Across all research areas, adolescents, especially girls, reported concentration issues while attempting to learn at home. 66% of adolescents reported that it was hard to concentrate at home, with girls (76%) aged 15–19 years more likely to report this challenge across all sites. In Wajir, up to 66% of girls reported this difficulty.



“So, there is nothing much that is going on with the students right now. They are very few; we can say the ones who are going on are those children whose parents are advanced. Those that have Wi-Fi in their homes, but us from the reserve [village], we have a problem.”

~ Mother, Kilifi

“When schools were closed, we were supposed to study through the radio, but we do not have one.”

17 year-old adolescent boy, Makueni

“There are those that make too much noise until you cannot read in peace. Learning from home is too difficult.”

~ 11-year-old adolescent girl, Nairobi

In addition to reporting concentration issues, a significant proportion of adolescent girls reported that housework affected their learning at home. 60% of adolescents reported that household chores interfered with their ability to learn at home. This was more prominent in Wajir at 63%, with girls (74%) being particularly affected compared to boys (46%). Likewise, in Kisumu and Nairobi, girls aged 15–19-years were more likely to report this barrier in contrast to Kilifi, where more boys were affected.

Conversely, a larger proportion of adolescent boys reported being subjected to child labour to raise income for the family as opposed to learning. Across

all sites, 10% of adolescents reported that working to raise income affected their learning. Boys were more likely to be subjected to this pressure (13%) than girls (9%).

Among boys, it was prominent in those aged 15–19 years and the proportion differed slightly across counties, with 17% in Nairobi, 15% in Kisumu, 21% in Kilifi and 4% in Wajir. These adolescents were subjected to child labour since some parents forced them to look for manual work to support the family, while others had deserted their families due to loss of income and jobs.



“You see at home girls always tend to have more work to do. They have house chores, so the boy child may have some little time left maybe for private study but with the girl child I do not think they have time left after attending to all home chores.”

~ Father, Kajiado

“We look for work. I look for good jobs, but most young men here end up stealing, especially those who are into drugs because they are already addicted to them.”

Adolescent boy, Kisumu

“My dad was helping me with revision because he is a teacher. He taught me Science, Maths and CRE.”

~ 14-year-old adolescent girl, Kilifi

“Ever since the closed schools, I have never bothered to find ways in which they could study/ learn.”

Mother, Nairobi

Parents noticed that children had lost motivation to engage in remote learning, and so some tried to intervene. As the school closures became lengthier, students and families understood they would be picking up where they left off when schools re-opened, hence, the motivation to learn at home reduced over time. To address the decreasing motivation some parents tried to help the children to continue learning by offering rewards and sharing quotes on motivation and concentration. Other parents demonstrated increased interest in their children's studies and either helped them in their assignments or implored older

siblings to support. However, some showed limited interest in their children's learning.

Despite the significant challenges that accompanied remote learning, some respondents highlighted positives from the experience. Some respondents were pleased with remote learning since it prevented adolescents from engaging in deviant behaviour as it kept them "busy". While a few others said that adolescents would easily "adapt" to school learning after reopening since they had been academically active during the school closures.



Video 3:
Constraints on learning
time faced by
adolescents during
school closures

Video 3: Constraints on learning time faced by adolescents during school closures



Video 4: Summary of remote learning challenges faced by adolescents



Video 4:
Summary of remote
learning challenges
faced by adolescents



Overall, these results clearly demonstrate that most adolescents were not able to fully engage in remote learning due to a range of reasons, including lack of access to digital devices and internet connectivity, competing demands on their time, and the lack of

a conducive environment to study. The inequality experienced in education requires a careful approach as students return to school so as address any gaps in learning.



3.2 Economic Effects

“The pandemic means more families are being pushed into poverty, forcing many girls to work to support their families, to go without food, to become the main caregivers for sick family members, and to drop out of school – with far less of a chance than boys of ever returning.” – Inger Ashing, the Chief Executive Officer of Save the Children International.⁷

Loss of income and skipped meals

The loss of income for many Kenyans reduced their ability to care for their families adequately, and this situation is yet to improve for some in 2021. In the

June – August 2020 period, over 80% of studied households in Kilifi, Nairobi and Kisumu, and 20% in Wajir had experienced a complete or partial loss of income.

This loss of income had a significant effect on the availability, accessibility, and affordability of food in 2020. In the study, almost three-quarters of adolescents missed meals regularly because parents or caregivers could not provide food. There was a significant gendered difference in meals skipped in Wajir, where more girls (35%) than boys (20%) reported skipping a meal.



Figure 2: Proportion of respondents reporting partial or complete loss of household income during the COVID-19 pandemic (% , Jun-Aug 2020)

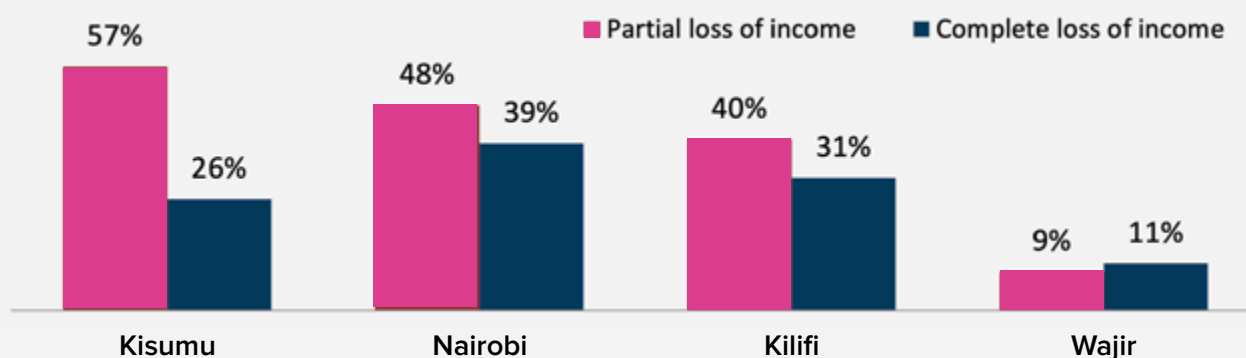
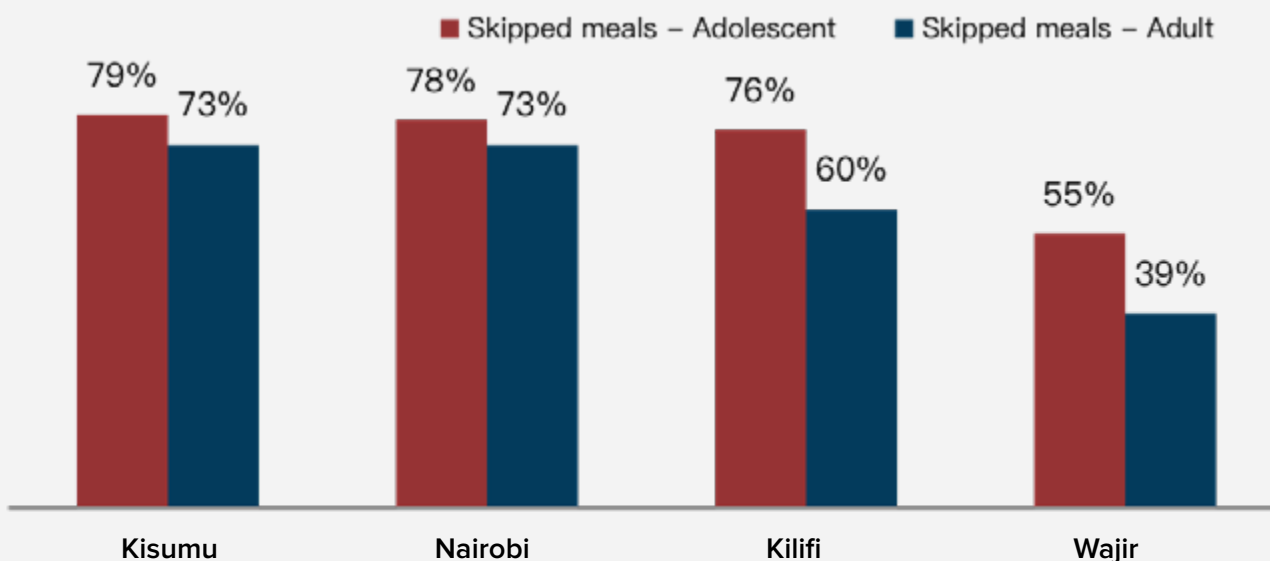


Figure 3: Proportion of respondents reporting skipped meals during the COVID-19 pandemic (% , Jun-Aug 2020)



“Up to now, my parents cannot get money at all so unlike before we cannot eat what we used to. Sometimes, we end up eating little food since there is no money to have a balanced diet. We just eat whatever is there.”

~ Adolescent girl, Kisumu

“Being at home with her now with no work has affected her [adolescent daughter], because once there is no job, there is no money, even eating has been a problem. You find that the child can take black tea the whole week, which we would not do in the past. In that same week, you take porridge and there are no meals for the rest of the days, or you eat ugali twice. These patterns have really affected her nutrition.”

~Father, Nairobi

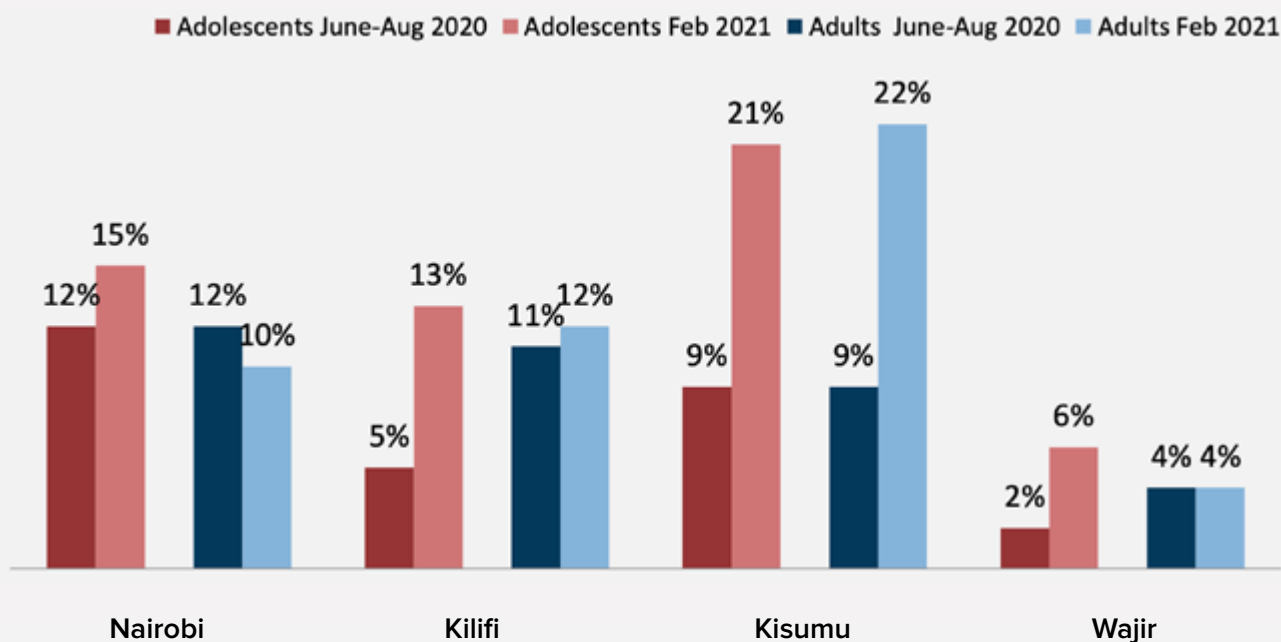
The reported prevalence of skipping meals continued in February 2021 where over 55% of adolescents across four counties were still skipping meals despite returning to school, which raises the risk of transactional sex as a means of securing a meal. This was more prevalent among adolescents (72%) in Kisumu with adolescents in Nairobi and Kilifi improving slightly. On income, 80% of households (apart from 16% in Wajir) still had a loss of income. However, the proportion reporting partial loss as compared to complete loss had improved, perhaps because of the resumption of some businesses in 2021.

Skipping healthcare services

Concerted public education and advocacy efforts were mounted by the Ministry of Health in 2020 to

encourage Kenyans to continue seeking appropriate preventive, promotive and curative health care. However, financial insecurity was still a barrier for many. A significant proportion of adolescents reported that between June and August 2020, they required health services but were unable to access them. The main reasons for skipping healthcare services were cost (over 50%), followed by the health workers' strike (19%). The fear of contracting the COVID-19 pandemic was one of the less prominent reasons. When assessing gender differences, girls were more likely to skip healthcare services than boys (12% girls vs 9% boys). In Wajir, a small number of highly vulnerable adolescents who were married at the height of the COVID-19 crisis were unable to access the much-needed health services.

Figure 4: Proportion of adolescents and adults reporting skipping healthcare services between June 2020 and February 2021 (%)



In February 2021, the number of adolescents skipping healthcare services increased especially in Kilifi and Kisumu counties, while the gender gap also widened. Cost remained the main barrier to accessing services, underscoring the importance of UHC especially for the poor. Of the health services that adolescents and adults needed, 53% would have sought care for fever, 23% for acute illnesses, 11% for refill of medication, 5% for family planning, 4% for pre-natal care and 2% for children immunisation services.

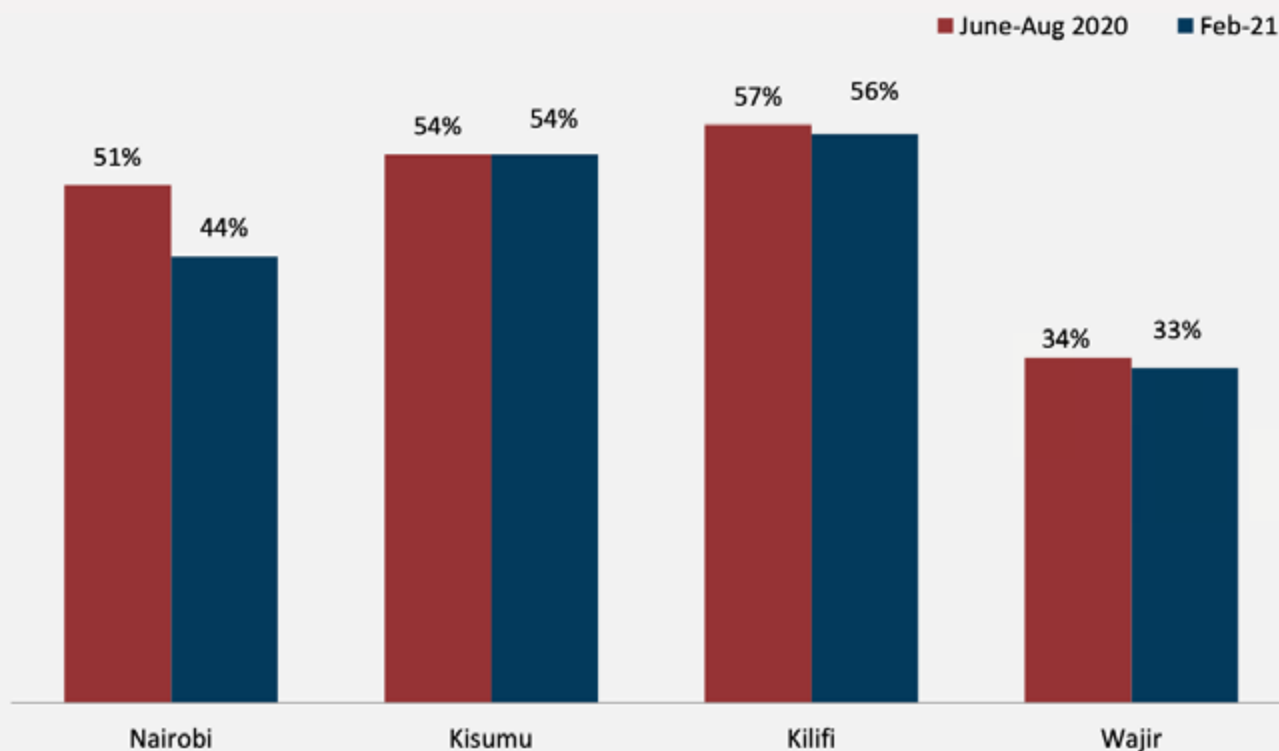
Limited access to menstrual hygiene products

Prior to the COVID-19 pandemic, the supply of sanitary pads in schools was irregular in the country. Only 20% of interviewed girls in Nairobi reporting

having received sanitary pads at school, 50% in Wajir, 14% in Kilifi and 28% in Kisumu.

With the reopening of schools, data collected in February 2021 shows this situation remains the same. More than half of interviewed girls (51%) were not able to access their preferred menstrual hygiene management product between June and August 2020, and 52% in February 2021. The learners cited lack of funds as the main reason, even though the distribution of pads in schools is meant to be free. Additionally, with some parents still facing job and business losses, girls were unable to access basic sanitary supplies at home.

Figure 5: Proportion of girls reporting access to menstrual hygiene products between June and August 2020, and February 2021 (%)





**Video 5:
Economic challenges
that adolescents faced
during the COVID-19
pandemic**

Video 5: Economic challenges that adolescents faced during the COVID-19 pandemic





3.3 Teen pregnancy

In Kenya, almost one out of every five girls between the ages of 15 and 19 is reported to be pregnant or has had a child already. This trend has been consistent in Demographic and Health Surveys conducted between 1993 and 2014. Moreover, an estimated 14% of all births in Kenya occur among teens aged 15–19, with the majority (63%) being unintended.⁸

The data collected in February 2021 highlighted that pregnancy among girls aged 10–19 years remains a problem. The highest percentage of girls who were pregnant or recently had a baby was in Kisumu (13%), followed by Kilifi and Nairobi. In Wajir county, 9% of girls were pregnant or recently had a baby, all of whom were married.

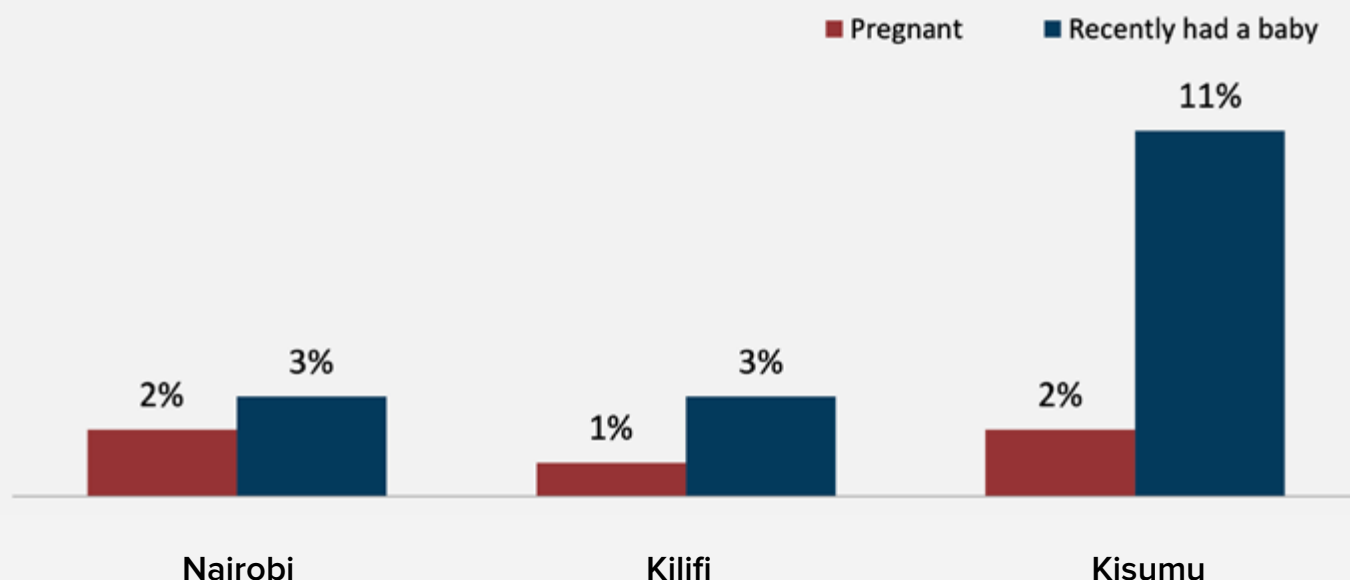
Nearly all respondents reported cases of teenage pregnancy in their communities especially during the period of school closure. The respondents identified factors that fostered sexual activity as idleness, lack of money in households, peer pressure, exposure to violence and difficulty accessing family planning services. A number of interviewees were aware of a girl or girls who were pregnant during this period, and in some cases, they could also identify the boys or men who impregnated the girls.

Almost all girls who got pregnant during the schools' closure period said that their pregnancies were not planned and expressed apprehension about the future of their education. Those who lacked family and social support during pregnancy faced greater social and mental challenges. Several respondents described pregnant adolescent girls as feeling “ashamed” and “uncomfortable” around their peers, while most were likely to discontinue their studies or fail to concentrate in class. A few respondents did not attribute the idle time created by the COVID-19 restrictions to the increase in adolescent pregnancies. They assumed that the curfew would limit social interactions adequately.

“In one county, there are five villages that had school-going girls who are pregnant, one village has five girls and another 3 girls. All this is happening because of Corona”

~ 17-year-old Adolescent boy, Kilifi

Figure 6: The reported expectancy status of adolescent girls in select counties (% , February 2021)



“When I got pregnant with my first child, my mother asked me: “Are you pregnant”? I lied to her that I was not pregnant... when I told her the truth, she beat me up. She asked me why I lied to her and yet she would have found a way to help me abort. I would never think of aborting.”

~ 17-year-old Adolescent girl Makueni

“A pregnant girl feels uncomfortable when she is with other people. ...she will not concentrate in school, so her grades become lower and therefore performs poorly.”

~ 15-year-old Adolescent girl, Kajiado

“I also think, with the restriction of movement and the curfews, girls do not walk around a lot and will not meet boyfriends.”

~ Stakeholder, Murang'a

Factors influencing teenage pregnancy

The qualitative study highlights that respondents attribute teenage pregnancy mainly to lack of money, school closures, peer pressure, and an increase in unsupervised time occasioned by school closure.

(a) Lack of money

The lack of money to procure sanitary pads, food, clothes, and other personal needs was mentioned by

most respondents – in both urban and rural areas – as contributing to teenage pregnancies. These needs were unmet due to the loss of income by parents or guardians, who could not maintain the lifestyles that the adolescents were used to. Many respondents thus described adolescents as desiring to meet these needs by engaging in transactional sex or paid work.

“When the parent does not have money to buy you clothes, or the food becomes less, you are forced to go and look for yours. And the person you get, deceives, and impregnates you, so you have to live with him.”

~ 19-year-old Adolescent girl, Nairobi

“It gets to a point where a parent or mother is unable to provide her child with sanitary towels so that promotes early pregnancies because a motorbike rider offers her 200 shillings, and it gets to a point where they engage in sex and she gets pregnant.”

~ Female stakeholder, Kilifi

In February 2021, a small section of 15–19-year-old girls reported engaging in transactional sex in the past one month, pointing to the reality that there are children in crisis who need more systemic interventions.

Percentage of adolescent girls who engaged in transactional sex

County	Adolescent girls who engaged in transactional sex
Nairobi	4 %
Kilifi	1 %
Kisumu	5 %



Video 6:
Health and sanitary
challenges faced by
adolescent girls

Video 6: Health and sanitary challenges faced by adolescent girls



(b) School closure

The closure of school afforded adolescents time to “interact” and “form relationships” with the opposite gender, while others had unrestricted access to indulge in activities they would not have indulged in while at school. Many respondents described adolescents as being “idle” and “bored”, with the opportunity to “do what they want” and engage in activities that were not “the norm.”

A few respondents mentioned that sexual activities for adolescents were “a form of leisure,” that would break the monotony and boredom of life at home. According to some respondents, access to phones enabled adolescents to communicate with the opposite gender and meet secretly for sex. Additionally, by spending a lot of time on social media and TV, adolescents were exposed to content that promotes and heightens interest in sexual involvement. The use of drugs and alcohol by some adolescents also emboldened them to engage in sex. A few parents also noted that adolescents had experienced increased physical growth during the school closure period, making them more confident to engage in sexual relationships.

(c) Peer pressure

According to parents, adolescents experienced peer influence physically or virtually through social media. Several parents mentioned that idle adolescents often

formed peer groups where relationships eventually led to pregnancies. Girls noted that in these peer groups, friends pressured each other to engage in sexual relationships in exchange for money or clothing and beauty products. Some parents in the rural areas believed adolescents who had relocated from the urban areas created negative influence and peer pressure on those living in rural areas. A few parents explained that since these urban adolescents were more exposed to sexual relationships, they influenced the same behaviour among rural adolescents.

(d) Family planning

Lack of money to access family planning services, ignorance, and fear around contraceptives also contributed to pregnancies during the schools’ closure period. Several respondents mentioned that contraceptives were not always accessible during this period, either because health workers were unwilling to issue them to adolescents or because there were stockouts. Some adolescents expressed fear of contracting COVID-19 when visiting public health facilities for contraceptives, while others were shy because of their youthful age and feared rebuke from health workers. A few respondents in rural areas said their communities did not condone the use of contraceptives, thus it would be difficult for sexually active girls to access family planning services.

“When some girls see their friends looking nice, they also want the same, in the process they show her how to get money and, in the process, she gets pregnant.”

~ 17-year-old Adolescent girl, Kilifi

“People have been idling a lot. They may attend parties, drink alcohol, and use drugs, in the process have sex and get pregnant.”

~ 17-year-old Adolescent girl, Kisumu

“I can also say that the soap operas in media and TV programmes promotes such [sexual activity]. You find that people are home making it easy to access pornographic sites...Cybercafés are also there, and pornography is easy to get.”

~ 17-year-old Adolescent boy, Nairobi

“They now have the time to plan meetings because they now have phones. They can even talk when the parent is there and plan how to meet secretly with the parent having very little control over that.”

~ Father, Kajiado

“Teenage girls do not have advice on how to use contraceptives, so they may end up using them wrongly leading to pregnancy and tempting them to abort.”

~ Mother, Murang’a

“The girls are young and naive, and they are taken advantage of. Peer pressure or bad company can also put them at risk of getting pregnant.”

~ Father, Wajir

3.4 Early Marriage and Harmful Practices

A noticeable proportion of adolescent girls got married during the pandemic. Almost 3 out of 10 girls (29%) reported that they got married after the COVID-19 pandemic broke out. Among them, about 2 in 5 girls (42%) confirmed that they got married after getting pregnant. Incidentally in Wajir county, a majority of the married girls (87%) stated that marriage was their choice. This was echoed by close to 74% girls in the overall study.

In addition to personal decisions taken by adolescent girls to get married, other interviewees pointed towards the pandemic and financial reasons.

In Wajir, 1 in 5 (21%) married girls reported that it happened after the outbreak of COVID-19, and 13% said it was not their choice. Half of the interviewed married girls said it would not have happened if it were not for the pandemic. A further few (7%) said it was their parents' choice, particularly in Wajir where 1 in 5 reported parental influence. Finally, another group (3%) reported that they got married because their families needed the money.

The prevalence of early and forced marriages prompted a deeper analysis of early marriage and its key drivers within communities.

“My cousin got married in August this year [2020]. She said that she was wasting her time not going to school and she is not married, so she decided to get married.”

~ 17-year-old Adolescent girl out of school, Kajiado

“Corona has contributed so much. Parents have now lost hope in school. So, there is a challenge and when schools reopen very few will go back to school as many are married.”

~ 19-year-old Adolescent girl, Kajiado

Description of early marriage in the community



The subject of early marriage generated diverse opinions from most respondents but was generally viewed as an issue affecting girls in both urban and rural areas. Marriage was described as when a girl voluntarily or involuntarily moves in with a boy or a man. In some cases, traditional ceremonies are held to formalise this living arrangement.

The respondents outlined a variety of reasons that often cause early marriages in the community, including pregnancies. Majority of respondents mentioned that marriage often takes place after a girl gets pregnant, while in other cases, an adolescent girl may hide and elope with a boy whom she loves without her parent's knowledge. Several respondents said that some parents would force a girl to move in with the boy after her pregnancy and this would be considered marriage. This was done to avoid "embarrassing" the parents. In general, majority of early marriages took place when the girl was 18 or 19 years of age but could also take place when the girl is as young as 16 years.

Additionally, poverty, peer pressure and conflict were highlighted as key drivers of early marriages. Several adolescent girls mentioned that early marriage could be as a result of poverty at home and the desire for a better life. In some cases, parents supported their adolescents in search of financial emancipation through marriage, viewing it as an opportunity to reduce the financial burden at home.

A few adolescent respondents also said that some girls get married out of peer pressure and an imagined perception of bliss in marriage. A few other respondents mentioned conflict, regular disagreements with parents or lack of emotional support from parents as contributing to early marriages. In most cases, respondents noted that adolescent girls who enter marriages before completing their education often drop out of school thereafter.

Some respondents in Wajir and Kajiado mentioned that early marriage practices have been less common in recent years. This is because early marriage used to occur mostly after adolescent girls underwent female genital mutilation (FGM), which has since been declared illegal in Kenya. However, a few respondents acknowledged that early marriages were practised secretly since some parents still viewed their adolescent girls as financial investments.

It was notable that a few adolescent respondents did not know of any girls who were involved in early marriage despite comprehending hypothetical situations that would contribute to early marriages. In some cases, some of the respondents lived in communities that did not condone early marriage, hence their lack of personal experiences on the issue.

COVID-19 and early marriages

Respondents gave different views on the influence of COVID-19 on early marriage, indicating a lack of consensus. Many respondents believed COVID-19 had an influence on early marriage while an equally large number of respondents were of the opposing view. A few respondents did not know whether COVID-19 had any role in early marriage.

A large section of the respondents believed factors contributing to early marriage were present before COVID-19 and so the pandemic did not directly influence early marriages. These respondents mentioned pregnancies and poverty as driving forces in early marriage in general, and that the presence of COVID-19 was only an additional driver. In addition, some of the respondents were of the view that boredom and idleness did not necessarily influence early marriage although they indicated that it influenced adolescent pregnancies. It was also highlighted that not all pregnancies result in early marriage since some parents were willing to take care of their adolescent daughter and grandchild.

A few adolescents and parents mentioned that girls who had received life skills education did not get married at an early age despite pregnancies. Such girls received regular mentorship and support that helped them ward off early marriage proposals. Existing law enforcement measures provided additional social support for girls who were ready to turn down early marriage proposals.

Overall, for the adolescents who were not married, COVID-19 did not have much influence on the time at which they thought they would get married. 78% reported that there would be no change, 21% reported they thought they would get married later because of COVID-19 (likely due to delays in schooling) and only 1% reported it would likely cause them to get married earlier.

Child marriages and other harmful practices cause gender imbalances that negatively impact the fabric of society. Efforts to ensure that there are no child brides in Kenya must continue as part of the country's commitments to child rights.

“When the girl has been impregnated, she gets married. The girls’ parents take her to the boy’s home for marriage whether the boy likes it or not, and that is how she gets married.”

~ 17-year-old Adolescent boy, Kilifi

“Because in the Maasai community when a girl gets married, cows will be brought to the homestead and the family will no longer be poor.”

~ 14-year-old Adolescent girl, Kajiado

“Parents have been getting arrested if caught marrying off children, so now you fear marrying off your child because you will be arrested.”

~ Mother, Wajir

“No, boredom does not make girls get married early, you might even be pregnant and stay home to be taken care by your parents.”

~ 13-year-old Adolescent girl, Makueni

“In our village, there are no girls who got married early, but we have girls who gave birth early.”

~ Mother, Kilifi

“Ever since the workshops started, there is no girl who has gotten pregnant.”

~ 15-year-old Adolescent boy, Kajiado

3.5 Mental Health



Close to half of all adolescents in urban areas and one-third of those in rural areas experienced symptoms associated with depression in the two weeks prior to data collection. Wajir was once again an exception during the June–August 2020 period, with only 11% of adolescents reporting depressive symptoms.

Qualitative data shows that school closure in 2020 was a major interruption to adolescents. Adolescents were worried about school fees, repeating classes, getting infected with COVID-19 at school and completing school. It affected their mental health in different ways and was expressed as stress, anxiety, depression, worry, shame, embarrassment, isolation, desperation, frustration, sadness, low self-esteem, and stigma.

Since schools opened in January 2021, there has been some improvement compared to the June–August 2020 period, but not for all adolescents. In February 2021, over one-third (37%) of adolescents had experienced depressive symptoms in the past two weeks with no gender differences, much less than in 2020 when close to half in urban areas had experienced depression. The experience was higher for 15–19-year-olds as compared to 10–14-year-olds. It was better in Kilifi (31%) and Nairobi (34%) compared to Kisumu (43%). The reports about depression were

worse for close to half of the adolescents who had not returned to school. Wajir had the lowest incidence at 8%. **However, cultural differences in expression of mental health could have limited the accuracy of this information.**

A closer analysis shows continued worrying cases of anxiety in 2021, especially for girls and older adolescents. About 30% of respondents had experienced symptoms of anxiety in the past two weeks prior to data collection, of which 27% were boys and 31% of girls. Incidences were higher for 15–19-year-olds compared to 10–14-year-olds. Kilifi had fewer (28%) compared to Kisumu and Nairobi (31%). Again, it was worse for those out of school – over 41%. Wajir was an outlier with 7% reporting anxiety (higher among boys).

The data highlights a notable improvement in mental health in February compared to the June–August 2020 period. It appears that the return to school helped reduce depressive symptoms among adolescents from about half to a third of adolescents. **However, there is still a considerable number of adolescents that are dealing with mental health issues due to both COVID-19 and non-COVID-19 related issues, and who need to be helped.**

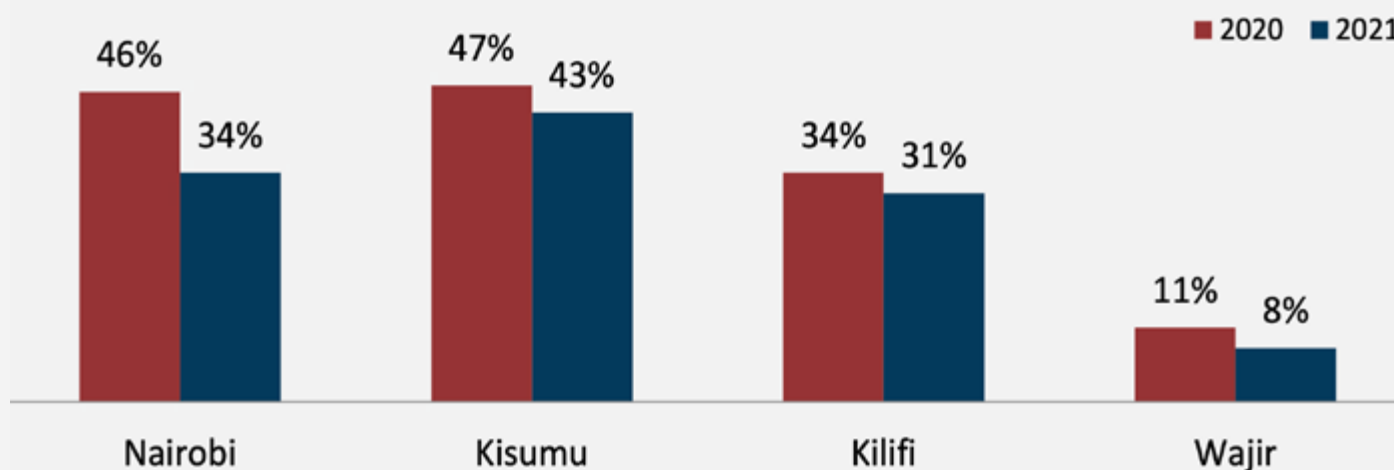
Factors influencing adolescent mental health

(a) School closure

School closures created an abrupt and unanticipated interruption of adolescents' education plans. This created undue worry, stress, anxiety, and uncertainty among most adolescents on the future of their education. Some adolescents said that they felt "hopeless" about resuming their studies, while others were anxious about the changes expected during re-enrolment. This extended period of school closure also isolated adolescents from their peers and as such they reported feeling "lonely" and "stressed."

A few parents expressed concern that their adolescent boys and girls did not confide in them during this period, describing them as "staying alone". In addition, challenges associated with remote learning during the period of school closure also caused frustration and stress among some adolescents. Some adolescents experienced stress because of not getting sufficient time, materials, or necessary devices for remote learning.

Figure 7: Adolescents reporting depressive symptoms in 2020 and 2021 (%)



“The anxiety is that this disease may cause many of us to lose hope about finishing school because we do not know when we will do our examinations because it is not known so we get confused.”

~ 17-year-old Adolescent girl, Kajiado

“Like depression, you will stay at home stressed with no friend to turn to.”

~ 17-year-old Adolescent girl, Kajiado

“There was emotional distress among the children in Form 1, Class 8 and Form Four who knew they were to move to the next class. The Form Ones were being laughed at that they are still in Class 8 because they only went to school for two weeks, equally so, for the Form Fours who knew they were going to sit for their final exams. So, there is a lot of anxiety among the children on whether they will pass their final exams.”

~ Father, Kisumu

(b) School re-enrolment

Adolescent mental health issues surrounding school re-enrolment were expressed as worry about school fees, anxiety over repeating classes, concern about COVID-19 infection at school and uncertainty over completing school.

Interestingly, some adolescents said that they did not experience any form of mental health issues despite being aware of other adolescent boys and girls who experienced them. Despite adolescents having worries related to school re-enrolment, many parents and stakeholders said that the school social environment would encourage peer interaction and thus diffuse adolescent stress levels.

(c) Economic insecurities

Nearly all parents mentioned that their lack of money was a probable cause of anxiety for adolescents. Many parents also mentioned that lack of adequate food for adolescents would cause them stress. But it was notable that many adolescents identified specific issues related to money that caused them to worry, such as how to cater for basic needs, school re-enrolment and healthcare needs. Furthermore, a few respondents noted that adolescents were likely to experience more stress due to their assumption that others perceived them negatively due to their parents' lack of money.

Several adolescents expressed desire to engage in work to support parents who were struggling financially, while others worried about the impact of lack of money on their future families. In a few cases, some adolescent girls engaged in transactional sex as a means of getting money to cater for their personal needs and sometimes help their parents, while others engaged in small businesses. Other respondents described young adolescent mothers as facing greater mental pressure. This was a result of the anticipated financial responsibilities involved in childcare, especially if the adolescent girl lacked partner or parental support.

(d) Family conflict

Domestic violence within families was frequently mentioned as a cause of stress and anxiety among

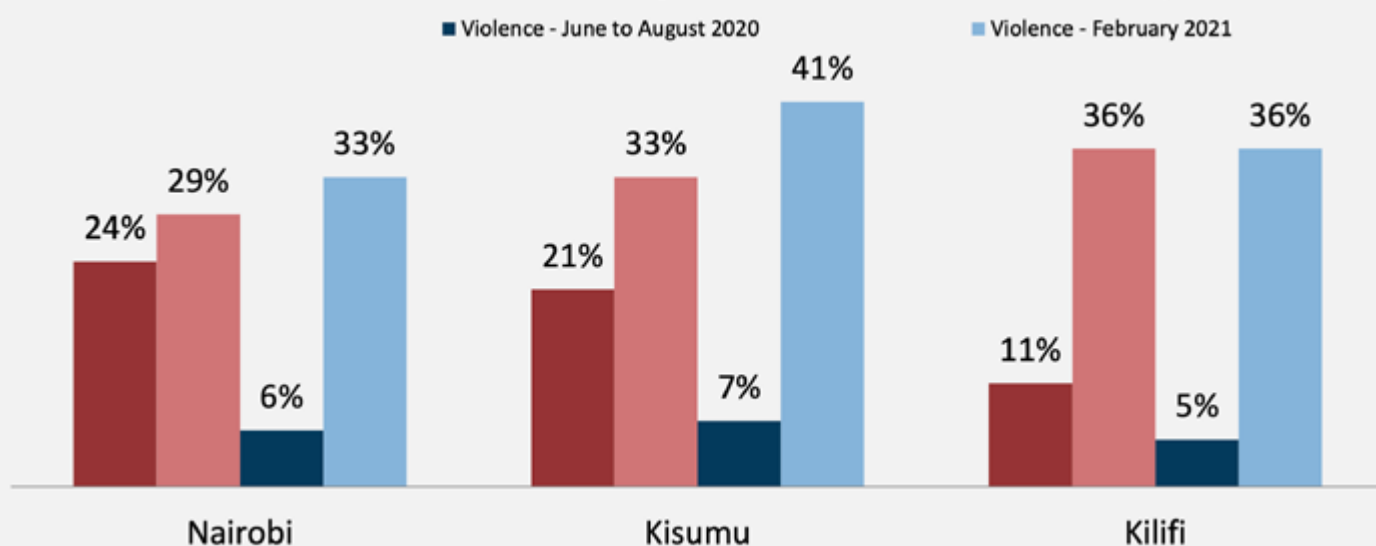
adolescents, especially in Nairobi. The tension and violence increased after the COVID-19 pandemic broke out. The key trigger for violence between parents was economic challenges leading to inability to provide basic needs such as food and clothing for household members.

In many cases, physical violence was preceded by emotional violence in the form of verbal abuse. Often, adolescents witnessed this violence resulting in “fear”, “trauma”, and “worry”. A few adolescents described domestic violence as robbing them of peace and driving some out of the home environment. **In other cases, a few respondents mentioned that some parents placed great expectations on boys to engage in work and support them during the COVID-19 period.** As a result of this pressure, some boys experienced stress and turned to the use of alcohol and drugs as a coping mechanism. **Adolescents were also described as both perpetrators and victims of violence in the community during the COVID-19 period.** Many respondents mentioned the rampant use of drugs and alcohol by idle adolescent boys as a catalyst to the development of aggressive behaviour that led to physical violence. Most respondents also described adolescent boys who engaged in the use of drugs and alcohol as prone to committing physically violent crimes as a means of generating income to sustain their use of drugs or alcohol. It was also reported that adolescents faced harassment and brutality from police.

(e) Pregnancy

Pregnancy for adolescent girls resulted in mental distress, especially if there was little social and psychological support from the family. Several respondents mentioned that pregnant girls suffer from “shame and embarrassment” from their peers and community members. Classmates may “laugh” at a pregnant girl while others avoid her company, leading to isolation. Due to lack of finances, the pregnant adolescent girl may experience frustration while contemplating how to finance the birth and upkeep of her child. A few adolescents said that girls who got pregnant and experienced stigma may suffer depression and low self-esteem.

Figure 8: Proportion of adolescents reporting tension and violence in households between June 2020 and February 2021 (%)



“I feel despair, like for instance when mum does not get the cash to cater for our needs, I become very emotional and wonder how life is going to continue within this Corona period. I may be tempted to go out there with men to look for money. That going out with men can lead to me getting pregnant again, that is what worries me.”

~ 18-year-old Adolescent mother, Murang’a

“Since the outbreak of Corona things changed in our country; very many people lost employment and were forced to stay at home. In most cases, men are the bread winners who need to provide and once they are at home without money, the situation automatically fuels some dispute which will amount to fighting.”

~ Father, Kisumu

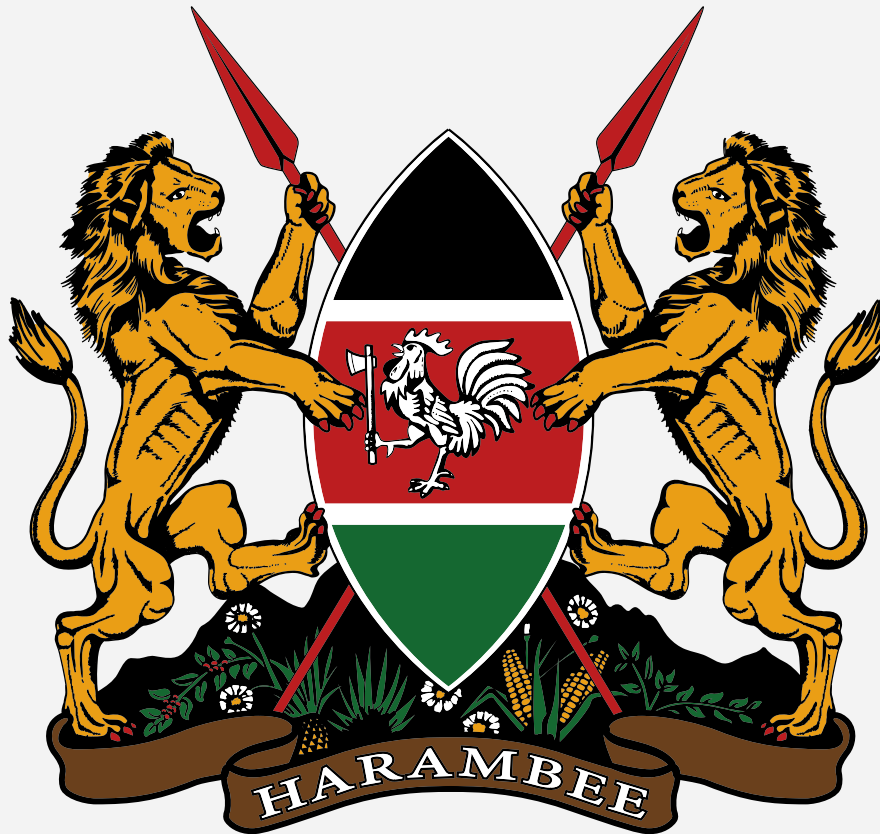
“The violence at home makes me feel depressed, I feel like my parent does not want me.”

~ 16-year-old Adolescent girl, Kisumu

“Some parents fight a lot nowadays and you cannot stay in the house, you go to a boyfriend’s house to sleep. You will obviously have sex and get pregnant that way.”

~ 15-year-old Adolescent girl, Nairobi

In general, the stigma associated with mental health often hinders access to care, which has adverse consequences for the affected person. There is need to better prepare teachers and parents to support adolescents in 2021 to ensure that they find respite and build skills to handle the uncertain times. Children in exceedingly difficult circumstances can be reached through a comprehensive adolescents’ strategy that covers their mental, physical, and spiritual welfare and that has a reliable monitoring and response system.



In his Madaraka Day speech in June 2019, H.E President Uhuru Kenyatta addressed the challenge of mental health and underscored the need for concerted action to address it:

“Depression has today become a common phenomenon and it affects persons from all walks of life and ages. I urge employers and institutions of learning to invest more time and resources in monitoring and facilitating the mental wellbeing of their charges. I, therefore, direct the Ministry of Health in consultation with County Governments, Ministries of Education, Labour & Social Protection and Public Service, Youth & Gender Affairs, to formulate an appropriate policy response.”

3.6 Gender-Based Violence (GBV)

During the COVID-19 pandemic, financial instability was highlighted as one of the major drivers of physical violence. Most respondents in the qualitative study described the loss of employment and reduced income due to COVID-19 as fuelling the increase in violence and crime within communities. Many respondents also mentioned interpersonal differences among family members as a cause of violence in the community.

The study notes that the experience of physical violence was higher for boys across all sites and that sexual violence was exclusively reported among girls in the first round of data collection. In the second round of data collection, girls reported experiencing even higher cases of sexual violence. For all reports of violence, half to three-quarters of respondents said it had increased compared to the pre-COVID-19 period. In addition, some of the respondents noted that adolescents who were exposed to domestic violence at home experienced undue stress and anxiety, contributing to further aggressive behaviour towards others.

Sexual Violence

Numerous adolescent girls reported experiencing sexual violence which has adversely affected them. About 2% of girls reported experiencing sexual violence in the past month, two-thirds of the cases were committed by sexual partners. The affected adolescent girls have experienced stress, shame, and trauma after the incidents. These effects have the potential to negatively affect their long-term relationships with the community and in school and can lead to depression.

In the qualitative study, respondents highlighted adolescent boys, family members and strangers as the perpetrators. The respondents noted that idle adolescent boys sexually violated girls especially when under the influence of drugs or alcohol. Respondents identified rape also occurring when girls were herding goats, at the marketplace, walking alone in street alleys at night, at home alone and while

undertaking paid work. In a few cases, respondents highlighted close family members as perpetrators.

Emotional violence

Emotional violence was also experienced by adolescent girls in both urban and rural sites, but with more girls in Nairobi reporting it. Many respondents described girls as experiencing verbal harassment from idle boys on the streets. This harassment was in the form of verbal abuse, jeering, intimidation, and ridicule. A few adolescents also described parents as meting out emotional violence due to disappointments, especially when girls became pregnant, causing emotional distress.

Physical violence

In Kenya, physical violence is the most common type of violence experienced in childhood. Nearly two out of five females (38.8%) and half of males (51.9%) in the study experienced childhood physical violence. According to the Kenya Violence Against Children Survey Report (2019), 28.9% of females and 37.9% of males have experienced childhood physical violence, with the most common sources of childhood physical violence being parents, caregivers, and adult relatives⁹.

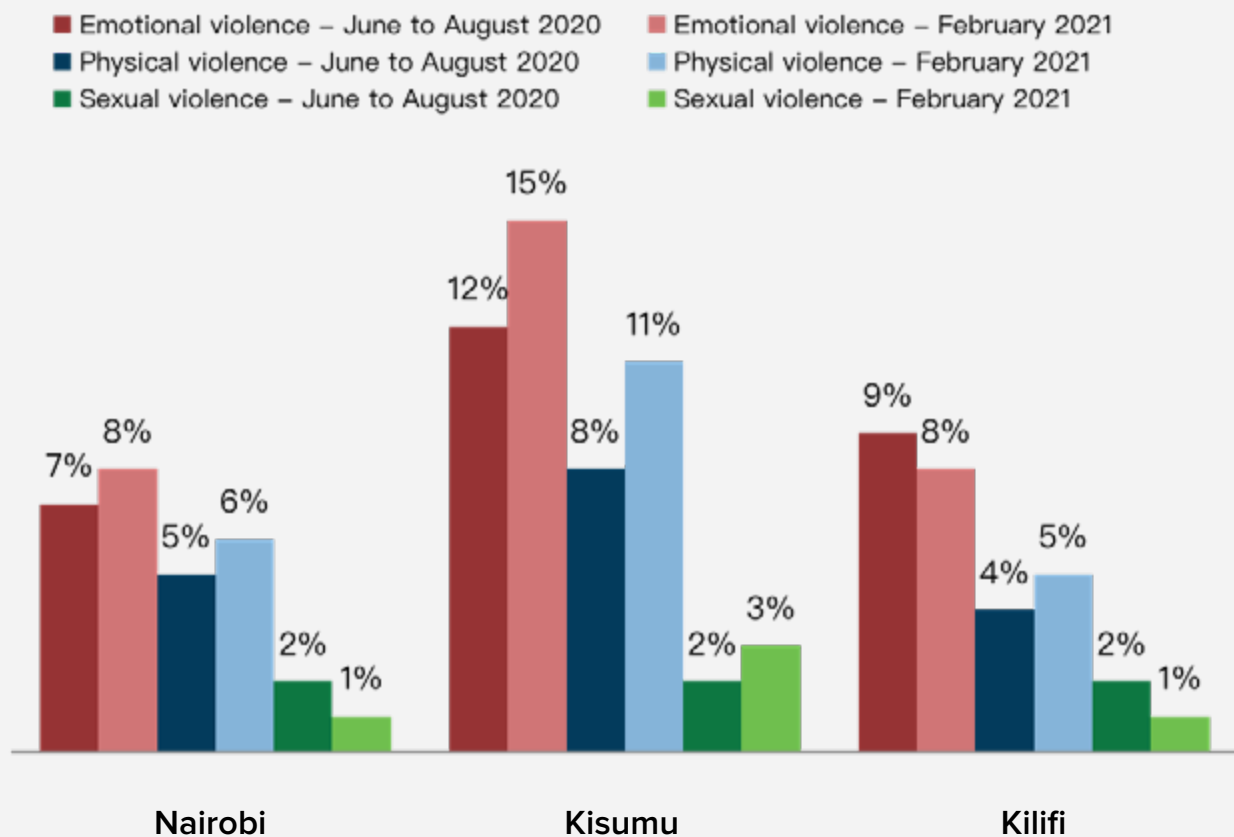
Female Genital Mutilation

The United Nations expects an additional two million cases of FGM to take place over the next 10 years because of the pandemic, mostly affecting girls under 14 years. Although this study did not specifically investigate FGM, it is still important to mention it as a risk for adolescent girls in some communities in Kenya that needs to be factored into any mitigation and resilience planning.

This study brings to light the fact that some children are living in peril and efforts to implement the National Strategy for Violence Against Children is critical now more than ever.

⁹ Ministry Kenya Violence Against Children Survey Report, 2019

Figure 9: Proportion of adolescents reporting personal experiences of emotional, physical, and sexual violence (%), Jun-Aug 2020, Feb 2021)



“On the issue of sexual violence, when a girl is raped, police make arrests but within a few minutes, the culprit gets freed on bond thereby making the girl helpless with no one to help her get justice. When such situations happen, the victim gets stigmatised and discriminated so much so that she lives with a lot of psychological and social problems.”

~ 15-year-old Adolescent boy, Wajir

3.7 Return to School



All schools re-opened in January 2021, much to the relief of both learners and parents. It brought back hope and a sense of normalcy. A month after schools opened, the last round of data was collected from the adolescents. **The data collection highlighted that most adolescents had returned to school by January 2021 – 84% of girls and 92% boys re-enrolled.**

Despite the high percentage of re-enrolment, a significant number of adolescent girls and boys did not re-enrol to school due to reasons including

school fees, pregnancies, and work opportunities. Based on the projections from the 2019 census, the study estimated that 270,350 girls and 137,113 boys who were in school in March 2020 had not returned by February 2021. Lack of school fees was cited as the major reason among 47% of girls and 21% of boys. The other key reasons among girls were pregnancy (10%) and early marriages (5%), while a few in Wajir (3%) did not see the point of returning to school. Amongst adolescent boys, access to job opportunities was a key reason for opting out of school.

Figure 10: Proportion of adolescent girls and boys who re-enrolled in school in 2021 (% , Feb 2021)

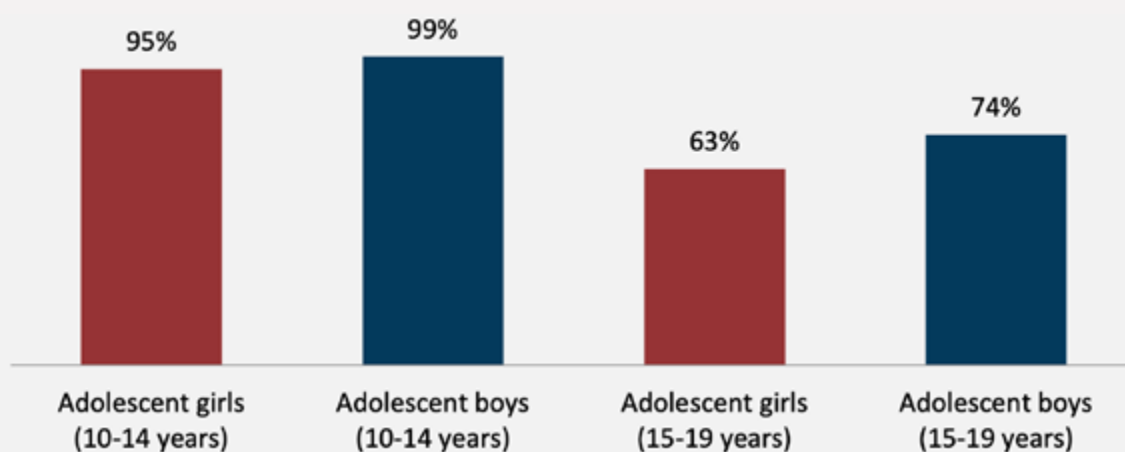
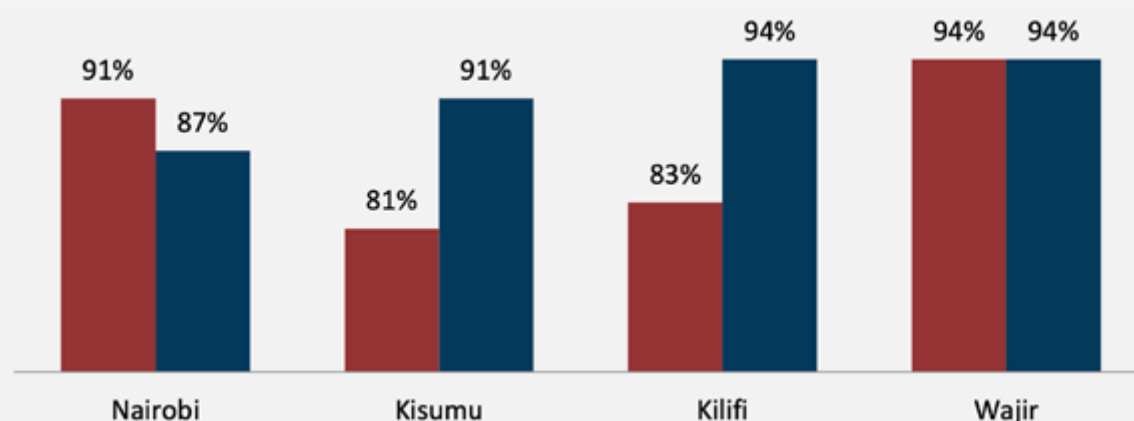


Figure 11: Proportion of adolescent girls and boys who re-enrolled in school in 2021 in select counties (% , Feb 2021)



Among the students who re-enrolled in school, the majority re-joined their former schools at the same level and were happy to be back in a learning environment. 97% of students were re-enrolled at the same school level they were in before the pandemic and 96% went back to the same schools. For the minor proportion (4%) that switched schools, school fees (28%) was cited as the major driver of the change. Furthermore, majority of the re-enrolled students (94%) stated that they were “very happy” to be back in school.

Despite the overall positivity surrounding school re-opening, the prolonged school closures still have adverse effects on the academic performance and self-esteem of students. In the Kenya Certificate of Secondary Examination (KCSE) results released on 10th May 2021, less than 20% of students received

grades high enough to attend universities. The low performance can be attributed to limited learning during the school closures, lower self-esteem, among other reasons.

Of further concern is the increasing number of adolescent girls who did the examinations in hospital after giving birth. The Ministry of Education reported that 652 girls sat for the examination in hospital, which is 131% higher than the 282 girls in 2019. These cases were predominant in the counties of Bungoma (43 cases), Meru (38), Nakuru (36), Kisii (36) and Nandi (31). In his address to the nation during the release of the KCSE results, the Cabinet Secretary of Education highlighted this challenge and stated that the Ministry of Education intends to work with all relevant government departments in a multi-sectoral approach to address the root cause of teenage pregnancies.¹⁰

“It is evident that the Ministry of Education must continuously work with county leaders to ensure that all eligible students resume and continue their education by removing the financial barriers, addressing root causes of teenage pregnancies and early marriages, and ascertaining that the return to school policy for pregnant girls is effectively implemented and monitored.”

¹⁰ Ministry of Education, [Press Statement of the 2020 KCSE Examination Results, 2021](#)

“During the time they were home, some girls got pregnant. So that means they will not be able to re-join school. They have to give birth and take care of their young ones.”

~ Mother, Murang’a

“There are those girls who married out of their own volition because they heard that since schools were closed for a very long time, 6-7 months, students will have to repeat a class to catch up. To them, that was a waste of time, hence the alternative is to get married.”

~ 14-year-old Adolescent girl, Wajir

RECOMMENDATIONS FOR THE ADOLESCENT RESPONSE



4. RECOMMENDATIONS FOR THE ADOLESCENT RESPONSE



The government has made great advances in improving the welfare of children in Kenya and remains committed to expanding opportunities for all young people. Although adolescents have and continue to face many challenges during the pandemic, there are existing platforms that can form a good foundation for a cohesive response to the issues that have been raised in this study. There is a need for context-specific innovative responses and a readiness to enter uncomfortable spaces, especially on matters that affect sexual and reproductive health.

Beyond being a place for education, school is a critical place for children and adolescents, providing safety for some from hostile home environments. Prolonged school closure distressed children in Kenya and brought uncertainty. For many adolescents, it exacerbated existing challenges in the home and in some instances, introduced new ones. It is also evident that the home environment in which a child grows can either lift them to their potential or limit it. The summary of priorities for a comprehensive adolescent response is outlined below:

4.1 Adolescent Voices: Incorporate adolescents in programming

Entrench tangible and valid representation of Adolescents in the development of mitigation plans, through relevant taskforces at national and county level, in resource allocation and public participation forums. Ensure adolescents are engaged in decisions and actions that affect them by supporting their meaningful participation in COVID-19 response and recovery discussions.

4.2 Multisector Approach: Develop strong multisectoral, whole-of-government policy approaches that address adolescent health and well-being

This approach provides a wider range of outcomes as well as being more cost-effective than single-component interventions. Generation Unlimited a new multi-sector partnership designed to see more than 30 million young Kenyans in education, training or employment by 2030 epitomizes this approach. Multi-sectoral collaboration can contribute broadly to increased access to and more efficient use of resources, enhanced accountability and a sense of collective ownership, knowledge- and responsibility-sharing, and programs that efficiently leverage unique capacities.

This can be done by:


- i) adopting a framework for adolescent programming using a multisectoral and multi-stakeholder lens that consist of GOK initiatives to ensure cohesive programming for and measurement of adolescent well-being.
- ii) strengthening partnerships at all levels to ensure linkages between the adolescent well-being agenda and broader efforts to address young people's livelihoods, education and skills, as well as productivity.

4.3 Education: Additional financing and addressing the digital divide

When schools re-opened in January 2021, 1 in 6 girls and 1 in 12 boys did not return to school, mainly because of lack of school fees, and secondly, due to pregnancies and the need to work for girls and boys, respectively. Kenya has prioritised education in its development agenda since independence. However, it seems that even with free education, the 100% transition policy, reforms in examinations and re-admission of schoolgirls who become pregnant, the financial barrier remains a significant barrier to education.

While basic education (primary and secondary) tuition may be offered for free, attending still comes at a cost because of non-tuition items like uniforms, boarding and school feeding programmes. Without additional support for marginalised children, fee-free policies benefit families in better circumstances. The Global Partnership for Education financing campaign led by the GoK and the British Government is a key opportunity to address this financial barrier.

During school closures, most adolescents were not able to fully engage in remote learning due to limited access to digital services and the internet, lack of access to computers, radio, or TV, competing demands on their time and lack of a conducive environment to study. The inequality in education and digital divide requires careful approaches as students return to school to remove any gaps in learning. One of these approaches was The DigiTruck Initiative of the Ministry of ICT, Innovation and Youth Affairs, which was an innovative platform that helped young people gain new skills. This platform might be a key opportunity that could be scaled up, especially for rural children.



“This is was the first time I was taught how to use a computer and it has had a real impact on me. Now things are much easier, and I am planning to set up my own business using technology.”

~ Mother, Murang’a

“I have learnt a lot about computers, and I would like to learn more so that in future I can be an example for others with disabilities.”

~ 14-year-old Adolescent girl, Wajir

4.4 Nutrition: Refinement of the school meal programme

A sustainable plan to provide school lunch for all primary and secondary school children is needed to ensure enrolment, retention, and good performance. The pandemic had a significant effect on the availability, accessibility, and affordability of food in 2020, resulting in many children regularly missing meals because parents/caregivers could not provide. Notwithstanding, there are some children who are not getting regular meals in schools. A sustainable national plan is needed to ensure that children access food regularly. The National School Lunch Bill slated for review by the Senate will mandate all public schools to have a feeding programme to be financed by GoK, in partnership with the private sector and the local community.

4.5. Menstrual hygiene programme: Review and enhance efficiencies in the supply chain

The Ministry of Education and relevant stakeholders need to review and enhance efficiencies and accountability in the schools' sanitary pads supply chain. The President signed into law the Basic Education Amendment Act (2016), which placed the responsibility of providing free, sufficient, and quality sanitary towels on the government to reduce the number of girls missing school during their menstrual cycle. However, a significant proportion of adolescent girls are unable to access these products. There is therefore need to review and strengthen this supply system given that many adolescent girls depend on schools for this commodity. Alternatively, a more robust, accountable, and digital supply chain may be designed to ensure that girls receive these products both in and out of school.

4.6 Teenage pregnancy: A bold, integrated approach that addresses root causes

Adolescent pregnancies during the pandemic were attributed to a range of drivers, including lack of money that led to limited access to essential items such as sanitary towels and food. In desperation, some adolescent girls sought alternative solutions and were coerced into sexual encounters as a form of payment. These incidents would ultimately lead to teenage pregnancies and were consistently reported in both urban and rural settings.

A bold approach is required that recognises adolescents who, because of their vulnerable circumstances, will require more access to information and services for protection. This balanced approach would ideally lay bare the importance of positive parenting, protection for young girls, mitigation where risk is present, and bear in mind socio-cultural practices that disempower the adolescent girl. It is a collective effort that ties in family, community, school, and the health system.

Relevant government departments are revising policies on adolescent sexual and reproductive health, but there needs to be collaboration and integration with the proposed approach to ensure maximum impact. The State Department for Planning is revising the National Action Plan for Addressing Adolescent Health and Teenage Pregnancy while the Ministry of Health is also revising the National Adolescent Sexual and Reproductive Health Strategy. These processes need to be integrated to avoid a siloed approach, in tandem with the new integrated approach recommended in this report.

4.7 Return to school policy for pregnant adolescents

A new approach is required to re-integrate pregnant girls in school. The Ministry of education has developed guidelines for the return of pregnant girls in schools. However, several factors need to be considered. First, schools need to establish a psychological support system for the girls to ensure effective learning. Second, the schools need to establish a good referral system between them and the nearest adolescent sensitive health facility to provide antenatal care. This calls for the operationalization of the Adolescent Health Strategy in all counties. Third, schools could consider providing regular lunch at a minimum to boost the nutrition of the expectant girls. Fourth, schools could set up exclusive breastfeeding and baby friendly environments for the girls as they re-join classes. Lastly, the Ministry of Education and schools could provide flexibility in the guidelines to allow girls to remain in school during the first 6 months of pregnancy and then stay home for the last 3 months. Thereafter, the girls would be allowed to stay home for 6 months to breast feed the baby before returning to school.

The approaches proposed above are robust and will require joint government, school, community, and parental support to ensure implementation and enable girls to take care of their children and eventually succeed in their education.

4.8 Invest in data driven evidence and current research findings to address the challenges of adolescents

There is data and evidence at county and national levels to guide development and prioritisation of activities for adolescents. It will be important to use recent findings from rigorous evaluations of interventions for adolescent girls that show that:

- Engaging adolescents, households and communities at the same time is critical for success;
- Addressing economic barriers to education, for example addressing household poverty vis-à-vis cash transfers, is critical to improving school enrolment and transition rates;
- Offering adolescents, a combination of health, life skills and economic-strengthening content addresses the range of issues facing them; and
- There is need to work in the community to address harmful and inequitable gender norms that limit adolescents' potential.

Use of national and county data on the prevalence of risk factors for adolescents, disaggregated by age and gender (such as transition rates to secondary school, prevalence of teenage pregnancy, rates of child marriage, prevalence of GBV) to guide the thematic and geographical focus of interventions for adolescents.

4.9 Violence against children and adolescents: community accountability structures

Some adolescents faced very difficult environments at home as domestic tension increased in households. This was accompanied by emotional violence, adding stress and discouragement to young people, and making the prolonged stay at home painful. Communities need to hold parents and family members accountable for the welfare of children and adolescents and take action when their safety is breached. This is because young people internalise gender norms about sexual and intimate relationships and violence early in their lives.

Interventions on gender and norms need to reach 10-14-year-olds as part of promoting equitable gender norms, including the rights, responsibilities and roles of women and men in society. These proposed interventions will require a whole of society approach to ensure maximum impact. The interventions could include community initiatives to raise the values of adolescents through positive parenting; strengthened accountability structures to prevent and address sexual, physical, and emotional violence against adolescents; and community dialogues on the harm of inequitable gender norms and GBV.

Additionally, screening for experience of GBV in schools and healthcare settings is critical. GoK's recent move to establish and publicise safe shelters for victims of domestic violence is a commendable step and more can be done through a multi-sectoral partnership. The Department of Children Services' National Prevention and Response Plan on Violence Against Children in Kenya 2019–23 must continue to be taken to scale as part of GoK's GBV mitigation plans, in collaboration with the Ministry of Interior and the Ministry of Health.

4.10 Safe hubs and skills building opportunities

There is need to revitalise MoE's Community Learning Platform to support the establishment of safe hubs for adolescents during school holidays, where skills building beyond academics, can be included throughout the school year. Recently, the Kenya Rugby Union has established a partnership with Kenyan schools that will enable them to expand rugby playing skills to primary school children. Safe hubs can offer sports and other skills to prepare adolescents for the world of work and offer safe respite from difficult home environments. playing skills to primary school children. Safe hubs can offer sports and other skills to prepare adolescents for the world of work and offer safe respite from difficult home environments.

4.11 Mental health: joint interventions by the health and education sectors

A significant proportion of adolescents experienced depression, anxiety, and stress. These depressive symptoms were as a result of separation from peers, frustration with remote learning, strife at home and for some, physical, sexual, and emotional violence. The mental health of adolescents cannot be ignored, and parents and teachers need to realise that something has changed – they cannot assume that returning to school will resolve all the issues adolescents face. New skills are required for parents, teachers and communities, and new partnerships with health experts are needed to address this matter adequately. School nurses may also be required to undertake classes on youth and adolescent health to better meet the needs of adolescents.

There is also need to scale up the implementation of MoE's Mentorship Policy for Early Learning and Basic Education. This policy provides an opportunity to impart teachers with new skills on counselling adolescents beyond the traditional guidance and counselling approach. Teachers need to be able to identify a student who has mental health issues and know how to manage them and refer them for expert care. The Ministry of Health has also recognised that the current infrastructure does not include adolescent facilities for mental health except in very few private sector settings. The same sentiments are highlighted by the **Ministry of Health's 2020 Taskforce on Mental Health**, which recommended that GOK should establish the services of youth counsellors to primary schools to provide counselling services for this vulnerable group in schools. These considerations are reflected in the Kenya Mental Action Plan 2021-2025, which if implemented will benefit Kenyans of all age groups including adolescents. The Plan seeks to decentralize mental health services and programmes to primary health care at the community level. The medical fraternity can also provide guidance to MoE for community interventions and school responses given that adolescents spend most of their time in school under normal circumstances.

Invest in the mental health of adolescents and implement the Kenya Mental Health Action Plan 2021-2025 recommendations to address stress and depression; prevent emotional, physical, and sexual violence; prevent substance abuse, and strengthen positive parenting. It also provides for the provision of psychiatric counselling services in schools and colleges

4.12 Substance abuse: community movements to address the latent threat

There is need for community movements to address the issues of substance abuse among adolescents. Although the study did not interact with adolescents who were victims of substance abuse, the focus group discussions highlighted that substance abuse is a problem for some adolescents. These adolescents usually opt for substance abuse due to unsuitable home environments, quality of parenting and peer pressure. Dedicated community movements with linkages to appropriate health care are required to address this matter.

4.13 Adolescent boys: linking rite of passage programmes with comprehensive curriculums

The progress and well-being of adolescent girls is intricately linked to that of adolescent boys. COVID-19 exposed adolescent boys to uncertainty about the future, child labour, pressure to bring in income, stress, peer pressure and loneliness. While still addressing the unique needs of girls, the time is also right to assess what adolescent boys really need and to develop a response that echoes those needs for them to thrive and reach their potential. **An opportunity exists to link rites of passage programmes with comprehensive curriculums that cover value of all genders and mental health, among other life skills.** In many Kenyan cultures, there are rites of passage programmes often carried out in partnership with faith-based organisations where young people are offered life skills. A comprehensive curriculum that seeks to establish new gender norms, value for the opposite gender, being your brother's keeper, mental health, and life skills to advance and protect young people should be developed and infused in these community efforts.

Figure 12: Strategic priorities in addressing the challenges adolescents are facing in the country



Entrench tangible and valid representation of Adolescents, strengthen their role in leadership and promote meaningful participation in all decision-making processes to ensure their perspectives are heard and needs are met



Develop systems and a framework for an integrated multi-sectoral approach to adolescent programming



Address ongoing data gaps by making data related to the pandemic available, and the implementation of the response disaggregated by sex, age, geography, disability, and other gender equality indicators



Diminish the digital divide to enhance remote and online learning



Remove financial barriers and address basic needs in education, including ensuring regular quality schoolmeals and improving the supply chain for menstrual hygiene products



Invest in the mental health of adolescents and implement the Kenya Mental Health Action Plan 2021 - 2025 recommendations to address stress and depression; prevent emotional, physical, and sexual violence; prevent substance abuse, and strengthen positive parenting. It also provides for the provision of psychiatric counselling services in schools and colleges



Scale up investments in home and community care for and protection of adolescents

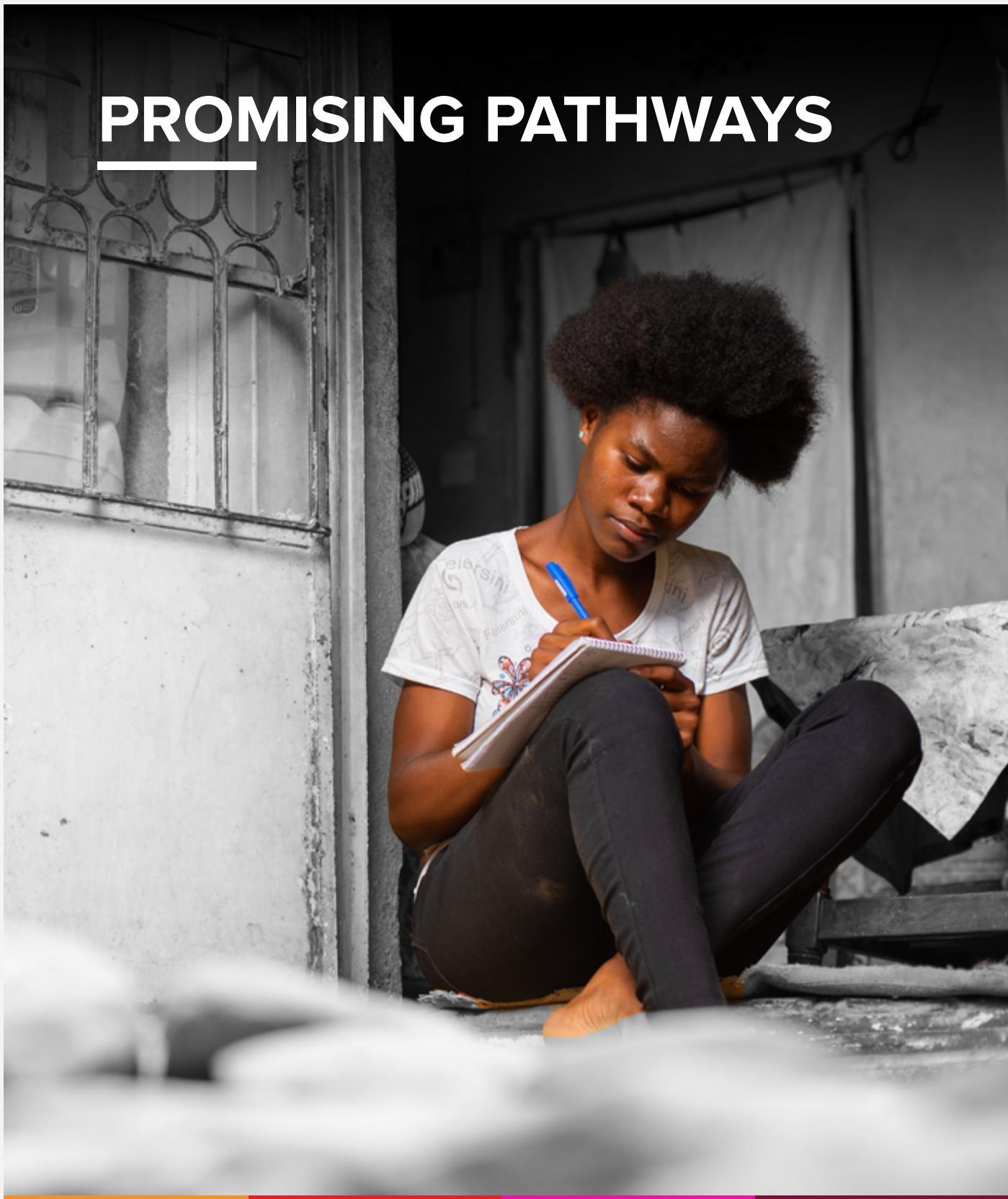


Invest in preventing teenage pregnancies and early marriages, protecting girls and boys from risky behaviour, and focusing on the adolescent boys' needs. This includes enhancing sexual and reproductive health information, addressing stigma, gender norms, and boys' challenges, and providing life skills



Clarify the cohesive reproductive health approach for adolescent girls and establish a clear care plan for pregnant girls in school

PROMISING PATHWAYS



5. PROMISING PATHWAYS

There are numerous initiatives that have achieved success for the welfare of adolescents. These are good examples of inter-connected strategies and can provide county-to-county learning opportunities.

5.1 Generation Unlimited

Generation Unlimited (Gen-U) is part of a global initiative designed to help equip young people between the ages of 10 and 24 – who make up more than three in five (63 per cent) of Kenya's population – with the skills they need to thrive in society and the world of work. Launched in 2020 in Kenya it aims to out more than 30 million young Kenyans in education, training or employment by 2030. To meet the urgent need for expanded education, skill development, employment, and engagement opportunities for young people the Government of Kenya and multi-sector partners have created innovative initiatives/ programs and platforms that will mitigate the effects of COVID-19 to ensure our young people have the opportunity to realize their full potential during and post.



5.2 Kazi Mtaani: The National Hygiene Program

Kazi Mtaani is GOK initiative that was designed to cushion the most vulnerable youth in informal settlements from the effects of the COVID-19 pandemic. Through this initiative, residents from informal settlements are recruited to undertake projects concentrated in and around informal settlements with the aim of improving the environment, service delivery infrastructure, and providing income generation opportunities. The initial phase of Kazi Mtaani was funded through existing allocations from the Kenya Informal Settlements Improvement Project (KISIP) and the Slum Upgrading Department (SUD), both of which are under the State Department for Housing and Urban Development (SDHUD). The production of face masks activity was funded by the State Department for Petroleum through Kenya Pipeline Company (KPC) who worked with the National Youth Service (NYS) to produce 1 Mn masks.

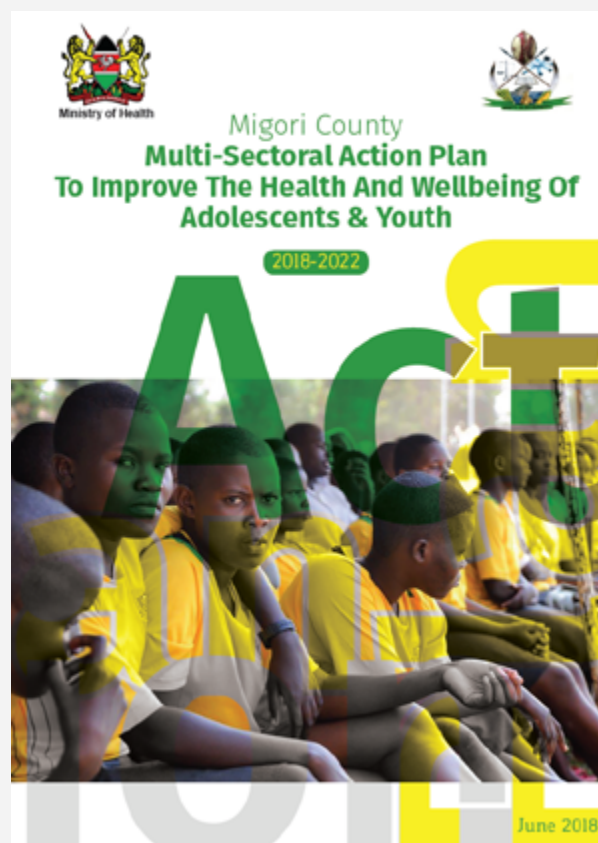


5.3 Migori County Multisectoral Action Plan

The [Migori County Multi-Sectoral Action Plan](#) to Improve the Health and Well Being of Adolescents and Youth, 2018–2022, has brought together government, civil society, parents, faith-based organisations, adolescents, and community leaders under a county taskforce. [Naya Kenya, Policies & Strategies – Migori County Sectoral Action Plan (2018 – 2020), Accessed: May 2021] The action plan has context-specific sub-county strategies and is jointly funded and monitored by the county and its partners. It has succeeded in reducing teenage pregnancy from a prevalence of 35% to 21% and in moving the county from a siloed to an integrated approach.

5.4 The Adolescent Girls Initiative

The [Adolescent Girls Initiative – Kenya](#) is a multi-sectoral program targeted at adolescent girls aged 11 to 15 years from Kibera and rural Wajir.[Population Council, Adolescent Girls Initiative-Kenya, Accessed: May 2021] The intervention consists of four different components: a community-based violence prevention program, an education conditional cash transfer (CCT), health-focused girls-empowerment clubs, and wealth creation for girls via financial education and savings (account in urban site, home banks in Wajir). The evaluation of AGI-K found that a multilevel, multisectoral approach to girls’ programming is a promising approach providing a wider range of outcomes as well as being more cost-effective than single-component interventions. The combination of addressing harmful community norms, supporting households’ economic barriers to girls’ education through cash transfers and creating girl empowerment groups improved knowledge and attitudes in the short term and had long-lasting positive impacts on school enrolment and delaying pregnancy and marriage.



5.5 Education: DigiTruck Initiative

The Ministry of ICT, Innovation and Youth Affairs launched the Huawei [DigiTruck Initiative](#) in 2020 to enable rural youth to obtain digital skills.[Close the Gap, The DigiTruck, Accessed: May 2021] The DigiTruck initiative is supported by various partners including the National Youth Council, UNESCO, GSMA and Safaricom, among others and contributes to GoK’s Ajira initiative to help young people thrive in society and work. Operationally, the DigiTruck is a solar-powered mobile classroom equipped with internet and smart devices. Training on the truck is provided by Computers for Schools Kenya (CFSK) through a 20 to 40-hour course on use of computers (word processing, spreadsheets, and presentation software), smartphones and the internet to enable young people study and find jobs online. To date, the initiative has trained more than 1,500 youth across 13 locations in eight counties.

¹¹ Naya Kenya, Policies & Strategies – [Migori County Sectoral Action Plan \(2018 – 2020\)](#), Accessed: May 2021

¹² Population Council, [Adolescent Girls Initiative-Kenya](#), Accessed: May 2021

¹³ Close the Gap, [The DigiTruck](#), Accessed: May 2021

5.6 Nutrition: Food4Education using technology to enable children access nutritious food in school

Food4Education provides subsidized nutritious meals to primary school children to improve nutrition education outcomes. To date, 5,000,000 meals have been delivered that have led to improved nutrition, school attendance, performance and higher high school transition rates. Food4 Education has incorporated [Tap2Eat is a digital mobile platform](#) that uses cutting edge FinTech to enable public primary school children access nutritious food for education. Parents pay KSH 15 (~ US \$0.15) for the subsidized lunches using mobile money.[Food4Education, Tap2Eat, Accessed: May 2021] The amount is credited to a virtual wallet linked to an NFC smart wrist band which students use to then Tap2Eat in under 5 seconds.

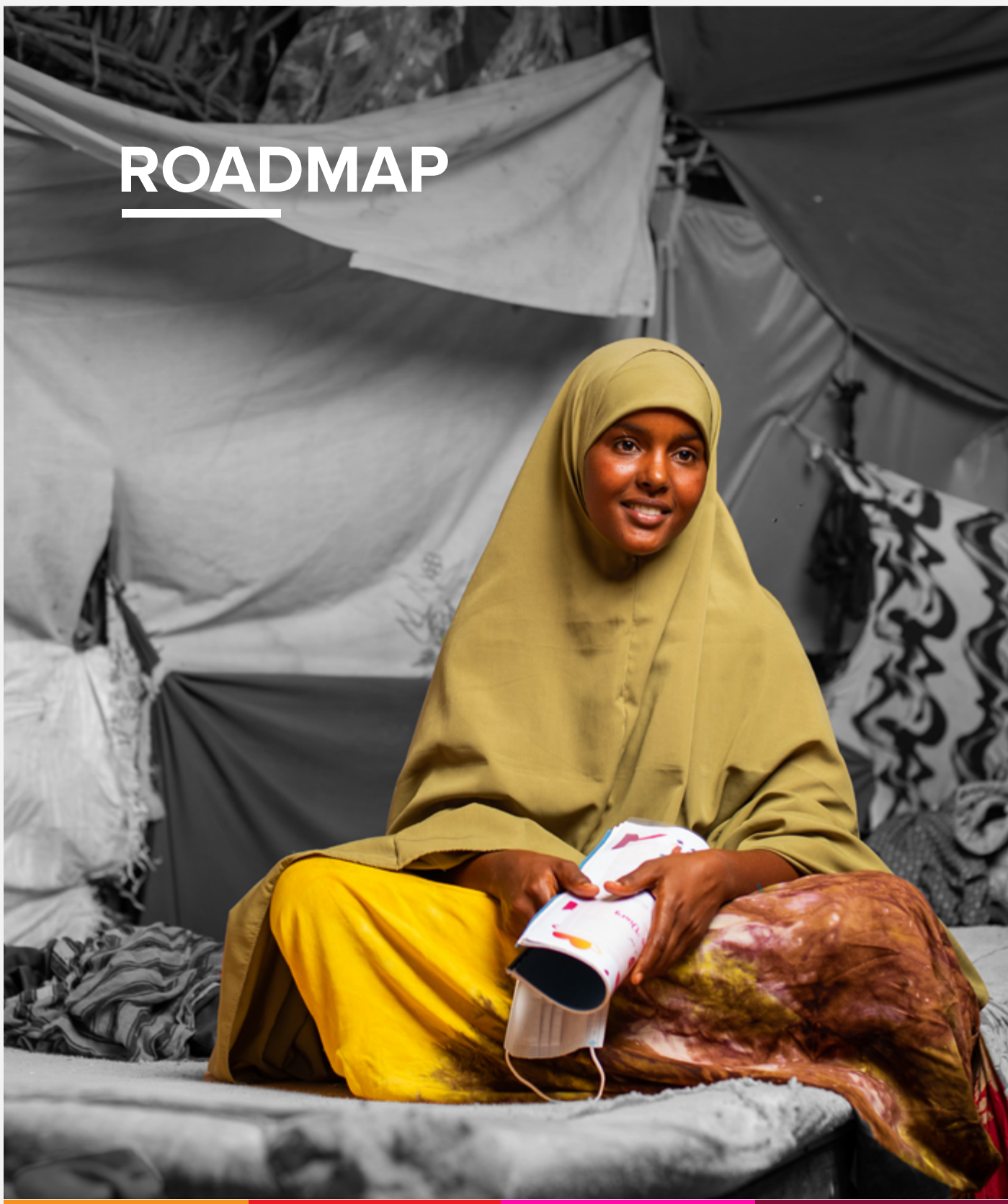


5.7 Menstrual Hygiene Management: Zana Africa

Zana Africa is a Kenyan organization that works on gender equity by strengthening health and education ecosystems to serve youth and communities through user-designed, evidence-based programs, educational materials, behaviour change communications, and menstruation management products. Its core school-based initiative, the Nia Program, combines sanitary pads and was designed in response to consistent questions gathered from over 10,000 adolescents. It challenges systemic constraints to girls' agency by unlocking adolescent health and life skills education for all youth through after-school clubs and learning materials in the format of engaging story- and comic-based magazines. The program involves 25 health and life skills sessions delivered in schools over 18 months alongside provision of Nia sanitary pads which promote free, confidential digital health services on each pack. Evaluation results show statistically significant positive outcomes in areas that directly impact adolescents' self-efficacy, safety, confidence, and decision-making. The program has been proven to address key determinants of poor health, education and life outcomes by shifting social and gender norms, reducing knowledge gaps in reproductive health, providing rights-based information, and reducing stigma and taboos regarding menstruation, reproduction, mental health and other topics.

¹⁴ Food4Education, [Tap2Eat](#), Accessed: May 2021

ROADMAP



6. ROADMAP



A Roadmap is required to enable the country to plan for the immediate and long-term COVID-19 crisis mitigation and recovery actions for adolescents. In the long-term, a focus on early adolescence will be required to create an environment that protects them and enhances their future potential, based on the lessons that have been learned from the pandemic crisis in Kenya and other regions. Parents and caregivers must be enjoined in every aspect of this

effort since they are accountable for their children's welfare.

Underpinning this process is the raising of adolescent voices by entrenching tangible and valid representation of adolescents in the development of mitigation plans, in national and county task forces, in resource allocation and in public participation forums.

6.1 The Process

1. **Disseminate this report** and the accompanying documentary to the 47 counties and at national level. Include adolescent champions to steer authentic conversations.
2. **Declare the adolescent response a national priority** to build resilience for Kenya's future.
3. Guided by the strategic priorities identified in this report, **establish a national, multi-agency adolescent task force whose purview is to develop systems and a framework for an integrated multi-sectoral adolescent resilience and development strategy.** Identify expert assistance from academia, civil society, youth-led organisations, research institutions, private sector, people living with disability, faith-based organisations, and government institutions. **Entrench the mandate for integrated adolescent programmes in the Ministry of Public Service and Gender in a new separate and distinct department, to enhance efficiency, removing the siloed approach and ensuring inclusiveness.** Additionally, prepare a sustainable financing framework for this effort.
4. **Establish County Adolescent Multi-Sectoral Working Groups aligned to the Ministry of Public Service and Gender whose purview is to develop context-specific integrated county adolescent action plans and budgets, oversee implementation, monitor progress and report.** Considering the diverse settings in which adolescents in Kenya live, any mitigation steps to enhance their success will have to be tailored to these unique settings. Stakeholders should include relevant experts, adolescent boys and girls, parent-teacher associations (PTA), community leaders, religious leaders, faith-based organisations, civil society, private sector, and other important groups in the community. These working groups need to **review current policies and strategies that address the welfare of adolescents, address gaps in evidence and develop a cohesive joint programme of action.**
5. **Establish a sustainable financing strategy, which will be critical to ensuring the continuity of efforts.**
6. **Set up an annual public reporting process, which requires a clear county and national social accountability structure.**



6.2 Framework for Action

1. The following GoK initiatives provide a foundation for building a multi-sectoral Adolescent Response Plan

MINISTRY OF EDUCATION'S (MOE) 100% TRANSITION PLAN

Creates equity in access to education by ensuring that all primary school children transition to secondary school, in tandem with the return-to-school policy for pregnant girls.

MINISTRY OF EDUCATION'S MENSTRUAL HYGIENE INITIATIVE

Removes barriers to education for girls by enhancing dignity and ensuring uninterrupted school attendance. This includes accessing and using effective and affordable menstrual materials and having supportive facilities and services, including water, sanitation, and hygiene services. Consideration could be given to alternative supply chains, linking each child to a supply point through an e-voucher system.

MINISTRY OF OF ICT, INNOVATION AND YOUTH AFFAIRS INITIATIVE TO REDUCE THE DIGITAL DIVIDE

The Ministry has partnered with Generation Unlimited, whose partners include UNICEF and the International Technology Union, to expand internet connectivity for school children. This plan will work alongside GoK's Digital Learning Programme to expand access to computers for schools, and the curriculum development process by the Kenya Institute of Curriculum Development. The main action point is to establish sustainable financing for this ambitious system.

MINISTRY OF LABOUR AND SOCIAL PROTECTION'S NATIONAL PREVENTION AND RESPONSE PLAN ON VIOLENCE AGAINST CHILDREN 2019–2023

Aims to accelerate evidence-based multi-sectoral actions to address violence against children. Its implementation will be led by the government with support from children, parents, caregivers, families, schools, communities, and service providers across Kenya. A public behaviour change campaign dubbed Spot it, Stop it! has been prepared to raise awareness on violence against children in Kenya and mobilize citizens and communities to take actions in preventing and responding to violence against children

MINISTRY OF INTERIOR AND COORDINATION OF NATIONAL GOVERNMENT'S ROLL OUT OF THE COUNTY TEEN PREGNANCY WORKING GROUPS

These multi-sectoral working groups continue to be established in the counties.

MULTI-SECTORAL COUNTY INITIATIVES

Are already addressing some adolescent issues such as teen pregnancy. For example, Nakuru and Kilifi counties have established peer-to-peer groups called “Binti Shujaa” to provide a mentoring platform for young pregnant girls and mothers, encouraging them to regularly attend healthcare sessions as they receive infant and childcare education and emotional support, thus encouraging girls to return to school.

MINISTRY OF HEALTH INITIATIVES

Encompass multiple initiatives including the Adolescent Reproductive Health Programme for health facilities, the new guidance for community programmes, the new National 2030 HIV/AIDs 95-95-95 Strategy which has a focus on adolescents and the primary health care programme. These initiatives should be scaled up, including efforts to help parents and community leaders to better understand adolescent challenges, adolescents’ knowledge on sexual and reproductive health, & how protect them from situations (cultural or otherwise) that expose them to risky behaviour.

MINISTRY OF HEALTH’S NATIONAL AIDS AND STI CONTROL PROGRAM (NASCOP)

Works with partners like UNODC to prevent and mitigate drug use especially amongst HIV positive clients. UNODC advises that family skills training programmes have proven highly effective in preventing substance abuse and other risky behaviours. Community initiatives for adolescents can infuse these alongside positive parenting initiatives. This aligns with UNODC’s observation that supportive families are essential to raising socially, mentally, and physically healthy and well-adjusted children and preventing later adolescent-oriented problems.

MINISTRY OF HEALTH’S KENYA MENTAL ACTION PLAN 2021-2025

The [TASKFORCE ON MENTAL HEALTH \(2020\)](#) included comprehensive recommendations now reflected in the Kenya Mental Action Plan 2021-2025, which if implemented will benefit Kenyans of all age groups including adolescents. The Plan seeks to decentralize mental health services and programmes to primary health care at the community level in an effort to design inclusive mental health care services to cater for all ages and demographic groups, including the youth and the elderly. Investments in infrastructure highlight the construction of a Centre of Excellence in Neuropsychiatry, a Mental Health Institute and the establishment of six regional centres of excellence for treatment and care. The establishment of special targeted user-friendly clinics for vulnerable populations like children and youth, alongside efficient transport and communication systems for out-reach services will support families and communities tremendously. The promotion of mental health through a multi-sectoral approach, allows for the integration of parenting skills education into existing child and maternal health services; the expansion of life skills education in schools and colleges; as well as the provision of psychological counselling services in schools and colleges.

¹⁵ Ministry of Health, [Mental Health and Wellbeing - Towards happiness and national prosperity](#), 2020

Conclusion

This study has highlighted the significant challenges that Kenyan adolescents face, particularly during the pandemic, ranging from remote learning and food access to adolescent pregnancies, early marriages, and violence. The report has also proposed actionable recommendations to mitigate these challenges and protect adolescents. Key pillars of the recommendations are to include adolescents in designing and developing responses, and to integrate a multi-sectoral approach to addressing the challenges they face. Adolescent girls and boys are the future, but they need help and care to get to that future – it is time for a cohesive effort to ensure we provide adolescents with the environment they need to thrive.

“After all we make ourselves according to the ideas we have of our possibilities.”

~ VS Naipul A Bend in the River.

Annex 1

National, regional, and global commitments that impact the welfare of adolescents

Commitment	Relevance to adolescents
	<p>Vision 2030:</p> <p>Aims to transform Kenya into “a newly-industrializing, middle income country providing a high quality of life to all its citizens in a clean and secure environment” by the year 2030. It includes a series of flagship projects aimed at advancing opportunities for young people including: revising the education and training curriculum at all levels to realise skills that are demand driven; and imparting positive character traits to help youth make appropriate choices through behavioural and life skills training. Additionally, an international academy of sports and an international centre of arts and culture are envisioned to amplify a variety of skills.</p>
    	<p>Sustainable Development Goals (SDGs):</p> <p>The 17 SDGS are a promise by countries to work together to improve the lives of their people and fulfil their rights by 2030. Goals one to five are particularly pertinent to adolescents:</p> <ul style="list-style-type: none"> • Goal 1 - No Poverty: By 2030, eradicate extreme poverty (currently measured as people living on less than \$1.25 a day) for all people every where. However, COVID-19 has reversed the gains on this goal • Goal 2 – Zero Hunger: By 2030, end all forms of malnutrition, including achieving by 2025, the internationally agreed targets on stunting and wasting in children under five years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women, and older persons. • Goal 3 – Good Health and Wellbeing: By 2030, ensure universal access to sexual and reproductive healthcare services, including family planning, information and education, and the integration of reproductive health into national strategies and programmes. Achieve universal health coverage (UHC), including financial risk protection, access to quality essential health-care services and access to safe, effective, quality, and affordable essential medicines and vaccines for all. • Goal 4 – Quality Education: By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant Goal-4 effective learning outcomes. • Goal 5 – Gender Equality: End all forms of discrimination against all women and girls everywhere. Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation. Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation.
	<p>Agenda 2063:</p> <p>Africa’s strategic framework, which aims to deliver on goals for inclusive and sustainable development. The framework will ideally lead to inclusive and sustained economies, a population of empowered women and youth, and a society in which children are cared for and protected.</p>

	<p>Big 4 Agenda:</p> <p>Kenya's five-year accelerated development plan under four key pillars – manufacturing, affordable housing, Universal Health Coverage, and food security and nutrition. It supports the development of education, infrastructure, information communication technology (ICT), arts, culture and sports and other sectors aimed at benefiting the youth. The goal of ensuring 100% food security and nutrition by 2022, combined with the goal of increasing access to basic education by improving the transition rate of learners from primary to secondary level can provide a very effective environment for children and adolescents to thrive.</p>
	<p>25th International Conference on Population and Development (ICPD25) Kenya Country Commitments:</p> <p>Several commitments that relate directly to adolescents include:</p> <ul style="list-style-type: none"> • End female genital mutilation (FGM) by 2022 • Eliminate teenage pregnancies by 2030 • Enhance availability and accessibility to high-quality population data such as timely population and related data for FGM and teen pregnancy • Fully implement the Competence-Based Curriculum (CBC) so that learners are equipped with relevant competences and skills from an early stage for sustainable development, and • Eliminate, by 2030, all forms of gender-based violence (GBV), including child and forced marriages, by addressing social and cultural norms that propagate the practice while providing support to women and girls who have been affected
	<p>United Nations Convention on the Rights of the Child (UNCRC):</p> <p>A commitment to protect children's rights. It states that governments must protect children from violence and neglect, and that children have the right to food, clothing, and a safe shelter to develop in the best possible way. The government should help families and children who cannot afford such.</p>
	<p>The African Charter on the Rights and Welfare of the Child (ACRWC):</p> <p>It represents a commitment to respond to and prevent all forms of violence against children.</p>
<p>Other initiatives are the Optional Protocol to the Convention on the Rights of the Child on the Involvement of Children in Armed Conflict and Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution and Child Pornography.</p>	

Annex 2: Cohort Background

The study leveraged four existing research cohorts to rapidly collect data during the COVID-19 pandemic via phone.

Nairobi

To establish the COVID-19 cohort in Nairobi City County, the Population Council drew on two existing longitudinal cohort studies of adolescent girls in informal settlements: The Adolescent Girls Initiative-Kenya (AGI-K)¹⁶ and NISITU (Nisikilize Tujengane).¹⁷ The AGI-K cohort in Kibera and Huruma is part of a four-arm randomised controlled trial (RCT) testing the impact of programmes for adolescent girls.¹⁸ The cohort started in 2015 with 3,060 adolescent girls aged 11–15 in Kibera and Huruma.

Household and individual surveys were conducted in 2015, 2017 and 2019, with a total of 2,565 girls being successfully interviewed in the last round of data collection prior to COVID-19. A household listing in 2014 established a sample frame of all girls 11–14 years old living in designated areas at that time and after excluding girls who were in boarding school at the time of the listing; one girl per household was randomly selected for the research sample.

For more details, explore the [study protocol](#) and the [baseline technical report](#).

The NISITU cohort in Kariobangi, Dandora and Mathare (n=4,519) was part of a quasi-experimental study evaluating the effects of a gender transformative programme for girls, boys, and young men. A household listing was conducted in early 2018 and this created a sampling frame of all girls aged 10–19 years in the three areas, and boys and young men aged 10–

24 years in Kariobangi and Dandora. Individuals were randomly sampled to create the research sample and a baseline survey (n=5,644) was conducted in mid-2018. End-line data was collected between November 2019 and January 2020 with a total of 4,519 interviewed. In March 2020, we randomly sampled from these households to establish a COVID-19 impact study cohort. The adult cohort included 2,009 respondents while the adolescent cohort included 1,022 10–19-year-old girls and boys in those same households.

Wajir

This site is the second cohort of the AGI-K trial, which conducted its RCT testing of the impact of programmes designed for adolescent girls in this region, sampling from households across 79 rural villages in Wajir County with ~2,150 households. A household listing was conducted in January 2015 to create a sampling frame of all girls aged 11–14 years. In villages with 40 or fewer girls, all girls were interviewed. In villages with more than 40 girls, 40 were randomly selected to be included in the research sample. Household and individual interviews were conducted in 2015, 2017 and 2019 with 2,042 being interviewed at the last round of data collection. We randomly sampled households from the AGI-K cohort, stratified by sub-county and study arm, to form a COVID-19 impact study cohort. Data was collected in July 2020 among adults (n=1,322) and adolescents (n=1,234) in the same households.

For more details explore the [study protocol](#) and the [baseline technical report](#).

¹⁶ Population Council, [Adolescent Girls Initiative-Kenya](#). Accessed:

¹⁷ Population Council, [NISITU: Engaging Men and Boys in Girl-Centred Programming](#). Accessed: May 2021

¹⁸ Austrian, K., Soler-Hampejsek, E., Kangwana, B., Maddox, N., Wado, Y., Abuya, B., Shah, V. & Maluccio, J. (2020). Adolescent Girls Initiative–Kenya: Endline Evaluation Report. Nairobi: Population Council.

Kilifi

The Population Council evaluation of the Nia Project is a longitudinal, cluster randomised evaluation of school-based interventions. The study involved 140 public primary schools in three rural sub-counties (Kaloleni, Magarini and Ganze) within Kilifi County. Eligible schools included those with 25 or more girls in Class 7 at the time of baseline. In each school, 25 girls in Class 7 were randomly selected to be a part of the research sample. Baseline data was collected between February and April 2017 while end-line data was collected in late 2018 and early 2019. The Nia study included 3,489 households, of which 3,276 were interviewed at the last round of data collection in 2019. For the COVID-19 impact study Kilifi cohort, we randomly sampled households stratified by sub-county, study arm and gender of the head of household. Data was collected in August 2020 among adults (n=1,288) and adolescents (n=1,603) in the same households.

For more cohort details see the [study protocol](#) and [baseline technical report](#).

Kisumu

In Kisumu County, we leveraged a cohort from the Determined, Resilient, Empowered, AIDS-free, Mentored and Safe (DREAMS) Initiative,¹⁹ which delivered a comprehensive package of evidence-based strategies to reduce girls' HIV risk and addressed structural drivers of adolescent girls and young women's HIV risk. Sites included the Nyalenda urban informal settlement and Kolwe East peri-urban sub-county. To establish a COVID-19 impact study cohort, we re-contacted the initial DREAMS cohort in July 2020 and conducted a brief, phone-based household roster call to establish the gender and age of all households. We also obtained updated phone contacts for those 18 years and above. From the roster data, we created a sampling frame from which we randomly sampled households, stratified by age and gender of the head of the household. Data was collected in August 2020 among adults (n=858) and adolescents (n=602) in the same households.



¹⁹ Population Council, [DREAMS Initiative](#), Accessed: May 2021



